	FORM 1 V	OLUNTARY .	PETITION				
United States Bar	nkrupicy Co	ourt			VOLUNTARY PETITION	i	
District o							
IN RE (Name of debtor-if individual, enter Lest, First, F CARLOS T. TEJADA	Middle)		NAME OF JOINT DESTOR (Spouse) (Last, First, Middle) INGRID R. TEJADA				
ALL OTHER NAMES used by debtor in the last 5 year (include married, malden and trade names)	8		OTHER NAMES lude married, mai		oint debtor in the last 6 year e names.)	•	
NONE							
SOC. SEC./TAX I.D. NO. (If more than one, state all)		L	C. SEC./TAX I.D.)		en one, state all)		
088-72-7931			53-04-62				
STREET ADDRESS OF DEBTOR (No. and street, city,	etete, Zip)	li li			STOR (No. and street, city, a	Carte, ZIP)	
426 FULTON STREET (APT. # 2)			6 FULTON S	-	API.#2)	1	
ELIZABETH, NEW JERSEY 07207 COUNTY PRINCIPA UNIO	L PLACE OF BUS		ZABETH, N.	1 07207	COUNTY OF RESIDENCE PRINCIPAL PLACE OF BUI UNION		
MAILING ADDRESS OF DEBTOR (if different from stre	et address)	MA	LING ADDRESS	OF JOINT DE	I BTOR (If different from etree	t address)	
SAME			SAME				
LOCATION OF PRINCIPAL ASSETS OF BUSINESS D (If different from addresses listed above)	EBTOR	US.	Debtor has been business or prins	domiciled o	r has had a residence, prince this District for 180 days of this petition or for a long District presenting debtors stillists, in this District	ipal place	
SAME			uch 180 days tha There is a bankr artner or partners	n in any other uptoy case c hip pending	r District. oncerning debtors affiliate, in this District.	general	
INFORMATION RE	GARDING DEBTO						
TYPE OF DEBTOR	H-L-11-4-1	CHAPTER OF	SECTION OF BA ILED (Check one	NKRUPTCY (CODE UNDER WHICH THE		
☐Individual ☐Corporation Pub ☐Joint (H&W) ☐Corporation Not	-	☐Chapter 7	Chapte		☐Chapter 13	}	
Partnership Municipality	r donery r row	Chapter 9	∐ Chapte		☐9 304-Case Ancillary to 1	Foreign	
Other		,	Check one box)	·· ·•·	Proceeding	V.5.g	
NATURE OF DEBT		☐¥iling fee at					
Mon-Business Consumer Business - Comp	olete A&B below	Filling fee to	be paid in install	mente. (Appli	cable to Individuals only) Metion certifying that the debt rule 1006(b), see Offical Fon	uet attech	
A. TYPE OF BUSINESS (check one box)		unable to p	y lee except in in	stellments. A	ule 1006(b), see Offical For	m No3	
	modity Broker struction	ANNA C. LITTLE, ESQ. 300 KIMBALL STREET, STE. 106					
	Estato		IDGE. NJ 07		,		
	r Business	WOODEN	ibel, no o	~~~		1	
B. BRIEFLY DESCRIBE NATURE OF BUSINESS		Telephone No	· (7 <mark>32</mark>) 63	6-4901			
	.	I ANNA C.	LITTLE, ESQ.		O REPRESENT THE DEST		
OTATIONAL INVIDENTAL INCOME INCOME INVIDENTAL	į .	UNITEI	STATES 1	BANKDI	UPTCY COURT	r T	
STATISTICAL ADMINISTRATIVE INFORMATION (2) (Estimates only) (Check applicable box		30603 nRG	**************************************	***	ERSEV	_	
Debtor estimates that funds will be available for dis-	: :: : : : : : : : : : : : : : : : : :	NOOUS NRG		r 7 }	# 000245127 - SM	RECHI	
Debtor estimates that after any exempt property is		PM, 01/17/0	2 News	$\mathbf{r}\mathbf{k}$	11:20 PM, January 17, 2	200-	
expenses paid, there will be no funds available for	Judge Rose		_	Code			
ESTIMATED NUMBER OF CREDITORS	Thistern Ion	mary Gamba	della	NF	Qty	Amour	
□1-15 □16-49 □50-99 □10	Debtor(s);	eph J. Newma	ıtı	07	j 1	\$30.0	
ESTIMATED ASSETS (in thousands of dollars)	Carlos T. T	Paina.		İ	Į.	\$170.00	
[Kunder 50 50-99 100-499 500-999 100	Ingrid R. T	rejada Veisda		j V pjeres	Wilder of the		
ESTIMATED LIABILITIES (in thousands of dollars)					Richy		
☐Under 50 ☐50-99 ☐100-499 ☐500-999 ☐10	09:00 AM, 1	Meeting of C	reditors	}	1. 原本 AMB 教養 養養	The last of	
ESTIMATED NUMBER OF EMPLOYEES -CH 11 & 1	Tyric Newark	Center	J02	}	TOTAL PAID:	. 63 00	
[]0 []1-19 []20-99 ESTIMATED NO. OF EQUITY SECURITY HOLDER	∶One Newark (Center		From: A	THURSON LINE	3200,00	
□0 □1-19 □20-89	Suite 1401, O	of the C	S Tructes	$\pm 300~{ m Kim}$	ball Street	1	
Ma Dista Group	Newark, NJ 0	7102-5504	- Tinstee	∃ Suite 10 <i>6</i>	,	1	
.		· 	<u>-</u>	woodbri	dge, NJ 07095-0000	,	

32001 + (981 JCLIUT DEC-

Form (Casco)2-30603-R Doc 1 Filed 01/17/02 Entered (17/02 13:16:00 Desc Converted from ECM (10535671) Page 2 of 69

erne of Debtor CREOS 1. TEJADA, INGRID	N. OFFICE CASE	No	(Court use only)			
	FILING OF PI	AN				
For Chapter 9, 11,12 and13 cases only. Check appro	priete box.		and a state of the state of the state of the state of			
A copy of debtor's proposed plan dated	П	botor intends to file a plan order of the court.	within the time allowed by statute, rule, or			
is attached. PRIOR BANKRUPTCY CASE			trach additional altern			
	Case Number	TEARS (Fillow dien one,	Date Filed			
Location Where Filed						
PENDING BANKRUPTCY CASE FILED BY ANY	SPOUSE, PARTNER,	OR AFFILIATE OF THIS DEC	STOR (if more than one, attach additional sheet.)			
Name of Debtor	Case Number		Cant			
The last control of the la	District		Judg#			
Relationship]					
		FOR RELIEF				
Sebtor requests relief in accordance with the chapter	of title II, United States	Code, specified in this peti	tion.			
	SIGNA	TURES				
	ATTOR	JFY				
10 /10	Alton	***				
x SH TISTO -		Date				
Signature						
INDIVIDUAL /JOINT DEBTO	·R(S)	CORP	ORATE OR PARTNERSHIP DEBTOR alty of perjury that the information provided in this			
I declare under penalty of perjury that the information	ation provided in this	petition is true and cor	rrect, and that the filing of this petition on pener			
petition le true and correct		of the debtor has been	authorized.			
D(aloca Tax)		x				
Signature of Debtor		Signature of Authorized Individual				
Date 4						
	· · ·	Print or Type Name of Authorized Individual				
OF MANA L	DLL MLL					
x)/ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u></u>	Title of Individual Authorized by Debtor to File this Petition				
Signature of Joint Debio	Ų	Date				
Date EXHIBIT 'A' (To be a	ompleted if debtor is	corporation requesting reli	ef under chapter 11.)			
District '4' is executed and made a part of this per	Lition.					
TO BE GOARD STED BY INDIVIDUAL C	HAPTER 7 DERTOR W	ITH PRIMARILY CONSUME	R DEBTS (See P.L. 98-353 \$ 322)			
i am aware that I may proceed under chapter 7,"	11,12 or 13 of title 11, U	nited States Code, underst	and the relief available under each such chapter.			
and choose to proceed under chapter 7 of such titl						
If I am represented by an attorney, exhibit "6" he	a been completed.					
1						
@ Carlos Yeada	1	Date				
Signature of Debtor						
L'AND AND AND	و الم ما و	_				
<u> </u>	Z Z CUVA	Date				
Signature of Joint Debtor	()	•				
EXHIBIT 'B' (To be completed by attor	new for individual chan	ter 7 debtor(s) with primeril	y consumer debts.)			
i, the ettorney for the debtor(s) named in the for chapter 7, 11, 12, or 13 of title 11, Upitpd States Co	egoing petition, declar ade, and have explains	e that i have imbimod the d d the relief availabe under (ebtor(s) that (he, she, or they) may proceed unde each such chapter.			
Crimpion 1, 11, 12, or 13 or that 11, or that out						
Sw HINC	A	Contra				
× Valuat		Oate				
Signature of Attorney						

UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEW JERSEY

IN NO. CARLOS T. TEJADA AND INGRID R. TEJADA

Debtor(s)

Case No.

(If Known)

See summary below for the list of schedules. Include Unsworn Declaration under Penalty of Perjury at the end.

GENERAL INSTRUCTIONS: Schedules D, E and F have been designed for the listing of each claim only once. Even when a claim is secured only in part, or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed in Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is stituched and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

Attached (Ye	No)	Number of sheets		Amounts Scheduled	The second secon
Name of Schedule			Asseta	Liablitica.	Other
A - Real Property	Y	1	0.00		
B - Personal Property	Υ	1	29,813.00		
C - Property Claimed as Exempt	Υ				
D - Creditore Holding Secured Claims	Y	1		0.00	
E - Creditors Holding Unsecured Priority Claims	Υ	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Y	2		21,093.04	
G - Executory Contracts and Unexpired Leases	Y	1			
H - Codebtors	Υ	1			
I - Current Income of Individual Debtor(s)	Y	6			\$ 2,537.23
J - Current Expenditures of Individual Debtor(s)	Y	1			\$ 520-00
Total Number of Sheets of All Scho	- t	16			
	Total As	pots	\$ 29,813.00		
			Total Liabilities	\$ 21,093.04	

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EN THE CARLOS T. TEJADA AND INGRID R. TEJADA

Debtor(s)

Case No.

(if known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	エミンロ	CURRENT MARKET VALUE OF DESTORS INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
	:	į		5 5
				6 5 5
SCHEDULE B - PERSONAL PROPE	RTY	l->	*	(Report also on Summary of Schedules.)

TYPE OF PROPERTY	2021	DESCRIPTION AND LOCATION OF PROPERTY	0 C & #	CURRENT MARKET VALUE OF DESTORS INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. 3. Security deposits with public utilities, telephone companies, land-lords, and others.	X	BANCO POPULAR ACCT. NO. : ACCT. NO.;		\$ 200.00 \$ 125.00
Household goods and furnishings including audio, video and computer equipment.		BED, DINETT, SOUNDSYSTEM, LIVING ROOM SET, TELEVISIONS,		\$ 4,100.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles. 6. Wearing apparel. 7. Furs and jewelry.	X X X	ASSORTED ARTICLES, CASUAL CLOTHING		\$ 1,000.00
8. Firearms and sports, photo- graphic, and other hobby equipment.	X		1	
Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			

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Converted from ECM (10535671) Page 5 of BERSONAL PROPERTY

In re: CARLOS T. TEJAD AND INGRID R. TEJADA

Clebtor(s)

Case No.

(if known)

TYPE OF PROPERTY	20 2 E	DESCRIPTION AND LOCATION OF PROPERTY	D C & I	CURRENT MARKET VALUE OF DEBTORS INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
10. Annuities, itemize and name each laguer.	х			
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans, itemize	х			
12. Stock and interests in incorpo- rated and unincorporated busines- ses. itemize.	х			
13. Interest in partnerships or joint ventures, itemize.	X			
14. Government and corporate bonds and other negotiable and nonegotiable instruments. 15. Accounts receivable.	x			
 Alimony, maintenance, support, and property settlements to which the debter is or may be entitled. Give particulars. 	x			
Other liquidated debts owing debtor including tax refunds. Give perfoulars.	X	TAX REFUNDS 2000		\$ 6,388.00
18. Equitable or future interests, life estates, and rights or powers exercis- able for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
 Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance pol- loy, or trust. 	×			
20. Other contingent and unliquidated claims of every nature, includeing tax refunds, counterclaims of the deltor, and rights to setoff claims. Give estimated value of each,				
21. Patents, copyrights, and other intellectual property. Give particulars.	X			
22. Licenses, franchises, and other general intangibles. Give particulars.	X			
23. Automobiles, trucks, trailers, and other vehicles and accessories.		MAZDA MPD 2000		\$ 18,000.00
24. Boats, motors, and accessories. 25. Aircraft and accessories.	X			
26. Office equipment, furnishings, and supplies.	Х			
27. Machinery, fixtures, equipment, and supplies used in business.	x			
28. Inventory.	x			
29. Animals.	^			
30. Crops - growing or hervested. Give particulers.	^			
31. Farming equipment and implements.	x			
32. Farm supplies, chemicals, and feed.	х			
33. Other personal property of any kind not already listed, itemize.	x			
(include amounts from any c	ontinu	ation sheets attached. Report total also on Summary of Schedules)	Total ->	\$ 29,813.00

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Саве No.

In Tel: CARLOS R. TEJADA AND INGRID R. TEJADA

Debtor(s)

(if known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under (Check one box)

11 U.S.C. \$ 522(b)(1): Exemptions provided in 11 U.S.C. \$ 522(d). Note: These exemptions are evallable only in certain states.

TY 11 U.S.C. \$ 522(b)(2): Exemptions available under applicable gonbanky retry faderal laws.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
BANCO POPULAR ACCT NO.: 020010381 ACCT. NO. 020070800	11 USC 522(b)(1)		\$ 200.00 \$ 125.00
HOUSEHOULD FURNISHING	11 USC 522 (b)(1)		\$ 4,100.00
CLOTHING	11 USC 522 (b)(1)		\$ 1,000.00
MAZDA MPD 2000	11 USC 522 (b)(1)		\$ 18,000.00
TAX REFUNDS 2000			\$ 6,388.00

Julius Blumbers, Inc. NYC 10613

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CARLOS R. TEJADA AND INGRID R. TEJADA

Debtor(s) Case N

Case No.

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

	CO		acured claims to report on this Schedule D. DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND		AMOUNT OF CLASS	UNSECURED
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	E	±\$⊃0	DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	.000	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	PORTION IF ANY
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continuation sheets	a (T BCN d C	ļ.	Total ->	\$		
l contingent, enter C; it unilquidated,	enter U; if	disp	uted, enter D. [use only on last page]	D	ort total also on Summary of Scho	nelulas)

(If known)

CARLOS T. TEJADA AND INGRID R. TEJADA

Debtor(e) Case No.

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

	YPE OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)									
	Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief, 11 U.S.C. § 507 (e) (2).									
	Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees, up to a maximum of \$2000 per employee, earned within 90 days immediately preceding the filling of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (3).									
	Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (4).									
	Certain farmers and fishermen Claims of certain farmers and fishermen, up to a maximum of \$2000 per farmer or fishermen, against the debtor, as provided in 11 U.S.C. § 507 (a) (5).									
	Deposits by individuals Claims of individuals up to a maximum of \$ household use, that were not delivered or p	orović	or de led. 1	posits for the purchase, lease, or rental of U.S.C. § 507 (a) (8)	of prop	erty or services for persona	i, family, or			
	Taxes and Certain Other Dabts Owed to G Taxes, customs duties, and penalties owin	overr g to f	rment adëra	tal Units Il, state, and local governmental units as	set fo	rth in 11 U.S.C. § 507 (a) (7).			
	Commitments to Maintain the Capital of an Claims based on commitments to the FDIC or Board of Governors of the Federal Rese depository institution. 11 U.S.C. § 507 (a)	, RTO VVB S	C. Dia	actor of the Office of Thrift Supervision.	Comp ^t to mair	troller of the Currency, stain the capital of an Insure	d			
	CREDITOR'S NAME AND	CO	H W	DATE CLAIM WAS	Ç	TOTAL	AMOUNT			
	MAILING ADDRESS INCLUDING ZIP CODE	E	Ö	INCURRED AND CONSIDERATION FOR CLAIM	Ď	AMOUNT OF CLAIM	ENTITLED TO PRIORITY			
A	/G#	Ľ								
_	/C#	<u> </u>								
Γ										
•]			
	/C#	L								
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H	VC#	7	+		\pm					
L				Subtotal -> (Total of this page)		s				
1400,470	Continuation sheets attached.	only	on k	Total - > set page of the completed Schedule E)		s				
	, in the second			and the second s		et total also on Summary of	— 6 - h - de stant			

Form 86 F, Cont. (10-89) Case 02-30603-F

Julius Blumberg, Inc. NYC 10013

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CARLOS R. TEJADA AND INGRID R. TEJADA

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	O E B T	H X 70	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	.050	AMOUNT OF GLAIM
A/C ● 5467 1050 0723 2269		力			
WACHOVIA P.O.BOX 15515					\$ 4,224.45
WILMINGTON, DE 19886					
A/C# 9-015-917-037-90	٠]			
RETAILERS NATIONAL BANK/T. P.O. BOX 59231 MINNEAPOLIS, MN 55459	ARG	T			\$ 514.48
A/C# 4022 9701 2003 9987	1	1			······································
CHASE P.O. BOX 1 <i>55</i> 83 WILMINTO N, DE 19886					\$ 3,784.86
₩c# 6011 0013 6060 5598	1				
DISCOVER P.O. BOX 1525 \ WILMINGTO N. O E 19886					\$ 1,116.57
A/C# 554-555-220-9		11			
P.O.B OX 9014 DES MOINES, IA 50368	!				\$ 248.95
A/C# 11 50025 15775 3		H			
P.O. BOX 182149 COLUMBUS, OH 43218					\$ 59.25
MC# 11 50006 47209 8		╁┯╅			
P.O. BOX 182149 COLUMBUS, OH 43218					\$ 1,011.62
A/C#4479 4127 2440 6153	1	\vdash			
PROVIDIAN P.O. BOX 660786 DALLAS, TX 75266	: :				\$ 1,651.24
A/C# 4118165007232269		П			
GC SERVICES LIMITED PARTNE	RSH	PS			\$ 4,224.45

Julius Blumberg, Inc. NYC 10013 Doc 1 Filed 01/17/02 Entere 1/17/02 13:16:00 Desc

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Debtor(s)

(if knows)

In re: CARLOS R. TEJADA AND INGRID R. TEJADA

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CD C E B T	T ⊗ ⊃C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	0.00	AMQUINT OF CLAIM
A/C#4053 5594 0027 4034					
O. BOX 42336 RICHMOND, VA 23242					\$ 4.023.17
A/G# 61436341					
P.O. BOX 27998 NEWARK, NJ 07101					\$ 204.00
AC • 61436341					
P.O. BXO 27998 NEWARK, NJ 07101			- · · · · · · · · · · · · · · · · · · ·		\$ 30.00
A/C#	1				
A/C #	Ι				
A/C#					
A/C #	т				
A/C #					
Sheet no. 1 of 2 sheets attached to Holding Nonpriority Claims.	o Sch	I L adule of Cre	ditors Subto	(a) -> page)	\$ 4,257.17
"If contingent, enter C; if unliquidated, enter	ប; អ	disputed, er	Tota) - (F.)	\$ 21,093.04

lo re;

CARLOS T. TEJADA AND INGRID R. TEJADA

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Check this box if debtor has no executory contracts or unexpired leases. NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DESTOR'S INTEREST. STATE WHETHER I FASE IS FOR
OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DESTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
	:
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}	
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Form 86 H. (6-90) Case 02-30603-

Julius Blumberg, Inc. NYC 10013
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in re:

CARLOS T. TEJADA AND INGRID R. TEJADA

Debtor(s)

Case No.

(i! known)

SCHEDULE H - CODEBTORS

NAME AND ADDRESS OF CODESTOR	NAME AND ADDRESS OF CREDITOR

Year To D	990	589	<u> </u>		יין וייון	+-1 	0-1	500 17500 86478	m.	325	51135	74151	} F							CORDS	Check Number Amount of Check	11250091 .74161
	FEDERAL TAX	DICARE TAX	TAX	3 5 A	JERSEY	1. 1.	MEDICAL TRIP PASSFEE	BUDDY PASS FEE	VAC 0	VISION	TOTAL DEDUCTS	NET PAYMENT							_	AND RETAIN FOR YOUR RECORDS	Pay Feriad	07-31-01
S T -72-7931		Year To Date	<u> </u>					46066 8056						1374366 283670	***********	 		 		DETACH		
SS # 088-72-	:	Payments	113760			47		4896		125296			CC	109596		 	***************************************	 		AND DEDUCTIONS		
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		Aate	11,8500			118500		5100		·						 		 	·····	STATEMENT O		
Continental		Description	REGULAR EARNING	ONTIM/INDEP NT	PAID HOLIDAY	PAID VACATION	PAID SICK	SHIFT DIFF		TOTAL PAYMENTS		мемо	ONTIN/INDEZ X	FASS TAA VALUE W-2 WAGES CO PD RENEFITS						ST	Year To Dala Earnings	Total Gross : 15616.09

CALCK (ev 04/25/01 gpl

PAYROLL HELP DESK 1-800-651-1007

Case 02-30603- Doc 1 Filed 01/17/02 Entere 1/17/02 13:16:00 CDESC 04/25/01 gpf 32016

Converted from ECM (10535671) Page 14 of 69

TEJADA, CARLOS T

Airlines CAAT SS # 088-72-7931 TEXASTORY OF THE PAGE 15 Date

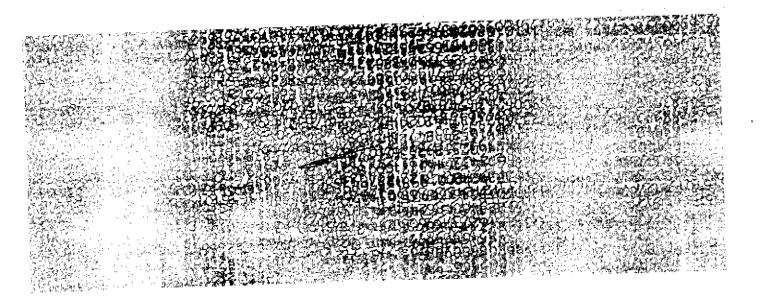
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Description	Rate	9660° Hours	7 Payments	v - 5.	FEDERAL TAX SOCIAL SEC TAX	9347 5298	79243
REGULAR EARNING	118500			Year To Date 8:957:47	MEDICARE TAX	1239	18533
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мемо	i				TOTAL DEDUCTS	55850	
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STATEMENT OF FARNINGS AND DEDUCTIONS DETACH AND RETAIN FOR YOUR RECORDS Year To Dete Fernings Total Gross <u>: 1436313</u>

Pay Period <u>07-15</u>-01 11234896

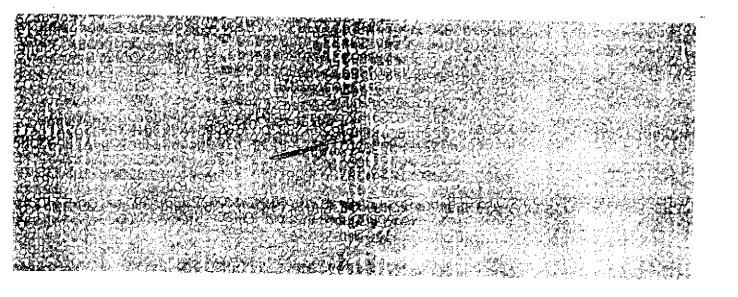
PAYROLL HELP DESK 1-800-651-1007

	EARNINGS		DEDUCTIONS	THIS PERIOD	YEAR TO DATE
EMPLOYEE E & A RESTAURANT CORP E(IZABETH NJ 07207-0000 EMP NO. 000000	RATE 1 REG HOURS OT HOURS SATE2 HIGH HOURS	450.00	GROSS MEDICARE SOCIAL SECURITY FED TAX STATE TAX	450.00 34,42 51.92 6.69	6000.00 459.00 678.86 88.12
MAME 069908 TEJADA INCRID USS NO. 158 04-6290 CHECK DATE 6/29/2001 PPD END 6/24/2001 CHECK NO. 0006318	ENGLANCE STATE STA	450.00	LOCAL TAX SDI DEDI DEDI DEDS DED3 DED4 DED5-GARNISH 1 DED6-GARNISH 2 DED7-GARNISH 3 DED8-GARNISH 4 401 (K) CAFE (SEC. 125)	4.16	55.48
			NET	352.83	



EMPLOYEE	EARNINGS		DEDUCTIONS	THIS PERIOD	YEAR TO DATE
6 Z RESTAURANT CORP LIZABETH NJ 07207-0000 EMP NO. NAME 069908 SS NO. TEJADA INGRID	RATE 1 REG HOURS OT HOURS RATE2 REG HOURS OT HOURS RATE 3 REG HOURS OT HOURS TIP DOLLARS ADJ/BONUS 1 ADJ/BONUS 2 REG PAY OT PAY	450.00	GROSS MEDICARE SOCIAL SECURITY FED TAX STATE TAX LOCAL TAX SDI DED1 DED2 DED3 DED4 DED5-GARNISH 1 DED6-GARNISH 1 DED6-GARNISH 2 DED7-GARNISH 3 DED8-GARNISH 4 401 (K) CAFE (SEC. 125)	450,00 34,43 51,92 6,69 4,16	7350.00 562.28 834.62 108.19 67.96
			NET	352,80	

MPLOYEE	EARNINGS		DEDUCTIONS	THIS PERIOD	YEAR TO DATE
E Z RESTAURAN) CORP LIZABETH NJ 07207-0000 MP NO. 169908 S NO. 153-04-6290 HECK DATE PD END 6/29/2001 HECK NO. 6/24/2001 0006318	RATE I REG HOURS OT HOURS RATE2 REG HOURS OT HOURS RATE 3 REG HOURS OT HOURS TIP DOTLARS ADJ/BONUS 1 ADJ/BONUS 2 REG PAY OT PAY	150.00 450.00	GROSS MEDICARE SOCIAL SECURITY PED TAX STATE TAX LOCAL TAX SDI DED1 DED2 DED3 DED4 DED5-GARNISH 1 DED6-GARNISH 2 DED7-GARNISH 3 DED8-CARNISH 4 401 (K) CAFE (SEC. 125)	450.00 34.42 51.92 6.69 4.16	6000.00 459.00 678.86 88.12 55.48
			NET	352.81	



EMPLOYEE	EARNINGS		DEDUCTIONS		· 1 · ·
& Z RESTAURANT CORP LIZABETH NJ 07207-0000 SMP NO. VAME 069908 3S NO. TEJADA INGRID 153-04-6290 HECK DATE PD END 8/10/2001 HECK NO. 8/05/2001 0006533	RATE 1 REG HOURS OT HOURS RATE2 REG HOURS OT HOURS RATE 3 REG HOURS OT HOURS TIP DOLLARS ADJ/BONUS 1 ADJ/BONUS 2 REG PAY OT PAY	450.00 450.00	GROSS MEDICARE SOCIAL SECURITY FED TAX STATE TAX LOCAL TAX SD1 DED1 DED2 DED3 DED4 DED5-GARNISH 1 DED6-GARNISH 2 DED7-GARNISH 3 DED8-GARNISH 4 401 (K) CAFE (SEC. 125)	450.00 450.00 34.42 51.92 6.69 4.16	YEAR TO DATE 8700.00 665.55 990.38 128.26 80.44
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In ne: CARLOS T. TEJADA AND INGRID R. TEJADA

Debtor(s)

Case No.

(if known)

SCHEDULE I - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

tabulaci **Tipocue**. Internation from monitogap payment (include lot rented for mobile home) In real estate taxes included* Yes K No se property insurance included* Yes X No 160.00		ion is filed a	ind debtore a	pouse maintains a separate household. Complete a separate schedule of	expenditures
It read setals takes included? Yea Xe ke property insurance included? Yea Xe Xe Xe Xe Xe Xe Xe		t: /include la	nt renthel for m	onhia homai	600.00
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In m: CARLOS T. TEJADA AND INGRID R. TEJADA

Debtor(a)

Case No.

3077 4 1991 JUDIUS BLUMBERG. (NC., NYC 10013

(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and	schedules, consisting of
they are true and correct to the best of my knowledge, information, and belief.	(Total shown on summery page plus 1.)
Deste	Signature: X Caplos Je Coda.
Date	Signature: (H joint case, both spouses must sign.)
DECLARATION UNDER PENALTY OF PERJURY ON B (, the	other officer or an authorized agent of the corporation or a member or an (corporation or partnership) named as debtor in this case, dules, consisting of
Date	Signature:
	(Pint or type name of individual signing on behalf of debtor.)
(An individual signing on behalf of a partnership or corporat	ion must indicate position or relationship to debtor.)
Penalty for making a false statement or concealing property: Fine of up to \$500,0	000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKBUPTCY COURT

DISTRICT OF NEW JERSEY

CARLOS T. TEJADA & INGRID R. TEJADA

Debtor(s)

Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses fiting a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, purtner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-15 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 16-21. If the answer to any question is "None," or the question is not applicable, mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

"In business," A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the two years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or person in control of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider," The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any person in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor, 11 U.S.C. §101(30).

1. Income from Employment or Operation of

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income, identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filling under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) Give AMOUNT and SOURCE (If more than one).

None 2. Income Other than from Employment or Operation of Business

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars, if a joint patition is filed, state income for each spouse separately. (Married debtors filling under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) Give AMOUNT and SOURCE.

3. Payments to Creditors

[X] None a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within 90 days immediately preceding the commencement of this case. (Married debtors filling under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint perition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF CREDITOR, DATES OF PAYMENTS, AMOUNT PAID and AMOUNT STILL OWING

X None b. List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DESTOR, DATE OF PAYMENT, AMOUNT PAID and AMOUNT STILL OWING.

4. Suits and Administrative Proceedings, Executions, Gernishments and Attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE CAPTION OF SUIT AND CASE NUMBER, NATURE OF PROCEEDING, COURT OR AGENCY AND LOCATION and STATUS OR DISPOSITION.

 None b. Describe all property that has been attached, garnished, or seized under any legal or equitable process within one year

\$ 17,656.39 CARLOS / \$ 11,850.00 INGRID 2001

\$ 20,182.00 CARLOS / \$ 20,805.00 INGRID 2000

1999 \$ 20,294.00 CARLOS / \$ 19,735.00 INGRID

		Department of th	<u>e Treasury-Internal Revenue Ser</u>
<u>™ Wase Wase 603-R Statement 2000</u>	17/02 Entered	/1 7/02 13:16:0 0	Decree income the withheld
6239 Converted from ECM*(1	0535671) Page	22 of 69182 48	4 Social recounty lake withheld
Finality of a name, address and ZIP code	6 Employer's identification number	20182.48	1 251 - 31.
CONTINENTAL AIRLINES, INC.	74-2 <u>099724</u>	5 Medican mages and hips	6 Medicare tax withheld
1600 SMITH, 4TH FLOOR	088-72-7931	20182.48	292.65
P O BOX 4919 HOUSTON TX 77210	7 Social recurity that	5 Allucated 1-03	5 Advance CIC permont
HOUSTON TX 77210			
Complayer's name (Rest, mobile outsa), last!	In Dependent care benefits	13	14 Other
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CARLOS T TEJADA	11 Nonquelified plans		
710 MURRAY ST. ELIZABETH NJ 07202	12 Benefitz included in hex 1		─ NJ SDI 106.00
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	employee L. Lessee D. olan	rop) Ame Note: compen	
th State Employer a state LD, NO. 12 Peace Page 100	373.25	name	
NJ 742-099-724 000 23386.48		· · · · ·	
		1 Wages tow, other compensation	y Sedoral income tax withheld
6239 Copy C for EMPLOYER'S RECO		20182.48	2337.71
Finalogor's name, whitese and ZIP code	s Employer's (dentitication number	20182.48	1251.31
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HOUSTON TX 77210	7 Social security tips	8 THRESTOC (103	g Antoprof EIC payment
			14 Other
s Employee's name Utrat, public initial, last)	10 Dependent care benefits	13 See Instructor to Dex 13	14 1257491
96607	11 Hongustified plans	 	Į
CARLOS T TEJADA 710 MURRAY ST.	11 Mendaganian pre->		i i
ELIZABETH NJ 07202			
I PULINADATA NO OTAGA	12 Sensity recluded in box 1		MJ SDI 106.00
ELIZABETH NO 07202	12 Benefity included in box 1	NJ PPN	0051822001500
Compleyed's address and zio colo			NJ SDI 106.00 0051822001500 WD/UI/HC 90.10
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(Employer's address and 210 could		sign Legar rabid Sun Det comp tala combo y name 20 Local wages, to	005182Z0015001 WD/UI/HC 90-10
1 Compleyed's address and see could 10 State wasea, tips, etc. 10 No. 17 State wasea, etc. 10 No. 17 Sta	15 Statutory De Pena pla cassed X Pena pla casse	sign Legar rabid Sun Det comp tala combo y name 20 Local wages, to	005182Z001500 WD/UI/HC 90.10
(Employer's address and 210 could	State income tax 373.25	rapid Sun- December total Common total Commo	0051822001500 WD/UI/HC 90-10 WD/UI/HC 90-10

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Case 02-30603-R Doc				Desc
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Form	NJ-1040/HR-1040 (2000)		Page 3
Name		Social S	Security Number
TÈT	ADA, CARLOS T	088-	72-7931
	If payments (line 49) are less than tax (line 42) enter amount of tax you owe. If you owe tax, you may make a donation by entering an amount on time, 53, 54, 55, 56, 57 and/or 58 and adding this to	5	0
51	your check amount If payments (line 49) are more than tax (line 42) enter overpayment	, <u>5</u>	, , , , , , , , , , , , , , , , , , , ,
	Note: An Entry on Lines 52, 53, 54, 55, 56, 57 and/or 58 Will Reduce Your Tax	Refur	nd.
	Deductions from overpayment on line 51 which you cled to credit to:	ŗ*··	
52	Your 2001 tax	5	
53	The NJ Endangered Wildlife Fund	· · · —	53
54	NJ Children's Trust Fund to Prevent Child Abuse	· —	54
55	The NJ Vietnam Veterans' Memorial Fund		55
56	NJ Breast Cancer Research Fund	5	6
57	U.S.S. New Jersey Educational Museum Fund	5	57
58	Other designated contribution	5	8
59	Total deductions from overpayment (add lines 52 through 58)		9
60	Refund (amount to be sent to you, line 51 less line 59)	_6	165.
incor incor your 1 2	may be eligible for the New Jersey Farned Income Tax Credit if your claimed the federal Earned Income on line 29, Form NJ-1040 is \$20,000 or less and your filing status for New Jersey is the same as ne tax return. Complete this schedule to see if you are eligible. Your are not eligible for the New Jerse filling status is single or married, filing separate return or if you answer 'No' to question 1 below. See Did you file a 2000 federal Schedule EIC, on which you listed at least one 'qualifying child'?	your fil ey Ear instru	ling status on your lederal rned Income Tax Credit if
3	Enter the amount of federal Earned Income Credit from your 2000 federal Form 1040 or 1040A		3
4	Enter 10% of amount on line 3 here and on page 2, line 46		4
	·		
7	2000 HR-1040 Homestead Rebate Application On December 31, 2000 I (and/or my spouse) was:	abled	Not 65 or blind ズ or disabled
	Fill in only one box. See instructions.		
8	Enter the gross income you reported on line 29, Form NJ-1040 or see instructions	[8 23,386.
9	If your filing status is married, filing separate return and you and your spouse maintain the		
	same principal residence enter the gross income reported on your spouse's return (line 29,		
	Form NJ-1040) and check this box	1	9
10	Total gross income (add line 8 and line 9)	1	10 23,386.
	Stop If Line 10 is More Than \$100,000, You are not Eligible for a Reb		
11	Enter your New Jersey residence on Dec 31, 2000 if different than above. If you were not a resident on Dec 31, 2000 enter you	ır Tast Ne	ew Jersey residence.
	Street Address Municipality		
12	Check your residency status during 2000: a Homeowner b X Tenant		c Both
13	If you checked 'Homeowners' or 'Both' on line 12, enter the block and lot number of the residence for Block	or whic	th the rebate is claimed.
144	Did you live at more than one New Jersey residence during the year?		Yes 🔲 No
1	Did you share ownership of a principal residence during the year with anyone, other than your spou	se?	
,	Did any principal residence you owned during the year consist of multiple dwelling units?	, ,	
	1 Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling during the year		
Hom			
Own			16a
	b Number of days as an owner (Schedulc HR-A, Part I, line 4)		16b
	bindinger of days as an owner (schedule firth, interfamilies)		100
	17 Enter total rent you (and your spouse) paid on your principal residence in New Jersey during 2000		17 9,900.
Tena	17 Enter total rent you (and your spouse) paid on your principal residence in New Jersey during 2000		
Term	17 Enter total rent you (and your spouse) paid on your principal residence in New Jersey during 2000		17 9,900. 18a

Case 02-30603-R Doc 1 Filed 01/17/02 Entered 17/02 13:16:00 Desc Converted from ECM (10535671) You Page 2 and Page 3 Must be Enclosed (10535671) You Page 12 to 10 feb 20 040

orm NJ-1040/HR-1040 (2000)		Page 2
Nacre .	sual Security Number	
FEJADA, CARLOS I	<u>88/72/7931</u>	
illing Status 1 X single 2 Married, filling point return 3 Married, filling separate return 4 1 + 10 Number of other departments attending separate return 7 Age 65 or over 1 Totals (line 12a	pendents ng colleges	d 11)
Residency 13 If you were a New Jersey resident for only part of the Status taxable year, give the period of New Jersey residency:	Month Day Year	Month Day Year
Gubernatorial Do you wish to designate \$1 of your taxes for this fund? X Yes Elections Fund If joint return, does your spouse wish to designate \$1? Yes	No No	NJIA0123 12/13/00
14 Wages, salaries, tips, and other employee compensation (enclose W-2) 15a Taxable interest income. Do not include on line 15a. 15b 16 Dividends 17 Not profits from business (enclose copy of federal Schedule C, Form 1040) 18 Not gains or income from disposition of property (Schedule B, line 4) 19 Pensions, annuities a Taxable amount received and IRA withdrawals b Less New Jersey pension exclusion 19b 19 C Subtract line 19b from line 19a 20 Distributive share of partnership income (see instructions) 21 Not gain or income from rents, royalties, patents and copyrights (Schedule C, line 3) 22 Not gambling winnings 23 Not gambling winnings 24 Alimony and separate maintenance payments received 25 Other (see instructions) 26 Total income (add lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24 and 25)	16 17 18 19 c 20 21 22 23 24 25 26	23,386.
27 This line is not used on computer generated returns	28	-
28 Other retirement income exclusion (see worksheet and instructions) 29 New Jersey gross income (subtract line 28 from line 26). See instructions 30a Exemptions: From line 12a 1 x \$1,000 = 1,000 30b From line 12b x \$1,500 =	00.	23,386.
20 a Tatal execution amount (add lice 30a and line 30b). Part-year residents see instructions	30 c	1,000. 3,972.
21 Medical expenses/medical savinos account contributions (see worksheet and instructions)	· · · · · · · · · · · · · · · · · · ·	
32 Alimony and separate maintenance payments	33	
33 Qualified conservation contribution		4,972.
	35	18,414.
	36	
	37	<u> 18,414.</u>
		<u>258.</u>
and the other inviertistics (see instructions)	39	0.
46. Relance of tay (subtract line 39 from line 38),	40	258.
41. His o tax due on out-of-state purchases (see instructions). If no use tax, enter zero	41	
42. Total tay (add line 40 and line 41)	42	258.
43 Total New Jersey income tax withheld (enclose Forms W-2 and 1099-R)	43	<u>373.</u> 50.
44 Property tax credit (see instructions)	144	
45 New Jersey estimated tax payments/credit from 1999 tax return	45	
	l Ì	1
Check I if Form NJ-2210 is enclosed.	146	l l
Check if Form NJ-2210 is enclosed.	46	-· - -
Check I if Form NJ-2210 is enclosed.	47	

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NJ-1040/ HR-1040 2000



State of New Jersey Income Tax — Resident Return Homestead Rebate Application

For Privacy Act Notification, see instructions For tax year Jan Dec 2000 or other tax year

pegianing	, 2000, month ending	
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This is Page 1 of Your 2000 NJ-1040/HR-1040. It Must be Filed in Order for Your Return to be Processed

04

Name

088-72-7931

TFJA

2004

and Address TEJADA CARLOS T

710 MURRAY STREET

ELIZABETH

NJ 07202

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007	ō	017	ŏ	043	373	012	2 3380
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۲۸	U		1000	056	0	18b	0
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		032	0	058	0	EI2	0
		033	0	58C	0	EI3	0
		036	0	059	0	EI4	0
1		037	18414	060	165		
					•		

ider the penalties of porjury. I declare the heddles and stallements; and to the best expayer, this declaration is based on all u	of my knowledge and belief.	ne tax return and Homestead Rebute Application, including accompanying it is true, correct and complete. If prepared by a person other than item has any knowledge.	Pay amount on line 50 in full. Write social security number on check or money order and make payable to. State of New Jersey — TGI
Your Signature	Date	Spouse's Signature (If filling jointly, both must sign)	If you have an amount due, enclose your check and NJ-1040-V payment youther and your return to:
aid Proparer's Signature	75	Federal Identification Number	NJ Division of Taxation Revenue Processing Center, P.O. Box 111, Trenton, NJ 08645-0111
Self-Prepared			If Refund:
irm's Name		Federal Employer Identification Number	NJ Division of Faxation, Revenue Processing Conter, P.O. Box 955. Trenton, NJ 08647-0555
			NJIA0101 12/1.

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COPY

710 MURRAY STREET ELIZABETH, NJ 07202

2000 NEW JERSEY INDIVIDUAL INCOME TAX RETURN SUMMARY

Taxable Income \$ 18,414.00 | lotal Tax \$ 258.00 | Total Payments/Credits \$ 423.00 | Amount to be Refunded \$ 165.00 | Tax Bracket \$ 1.40%

FOLLOW THE ELECTRONIC FILING INSTRUCTIONS TO COMPLETE YOUR RETURN

If you are filing electronically, make sure you come back to Turbo Tax in 24 to 48 hours to check the status of your return. You will receive instructions at that time on how to complete the electronic filing process.

Also, DO NOT mail a copy of your tax return to the state taxing authority. They already received an electronic copy of your tax return.

INSTRUCTIONS FOR MAILING YOUR RETURN

Your New Jersey NJ-1040 shows a refund of \$165.00.

Mail your return to the following address by April 16, 2001:

New Jersey Division of Taxation Revenue Processing Center P.O. Box 555 Trenton, NJ 08647-0555

Be sure to sign and date your return and include the proper amount of postage on the envelope.

INSTRUCTIONS FOR SPECIAL FORMATTING

Your printed state tax forms may look different than what you're used to. Some states require us to include special formatting, such as bar codes on computer-printed tax forms. This special formatting allows your state to process your return much more quickly and efficiently.

If your state return has this special formatting, don't worry. Your forms are completely approved by your state taxing authority. Simply mail your state return to the address shown above.

Schedule A

Miscellaneous Itemized Deductions Statement

2000

► Attach to return (after all IRS forms) Statement Lines 20, 22, 27

	Shown on Return OS 1 TFJADA		ecurity Number 2 - 7931
Empl	oyee Business Expenses — Subject to 2% Limitation	· · · · · · · · · · · · · · · · · · ·	
a b c d e	Deductible expenses from Form 2106, line 10 less deductions for performing artists and handicapped employees claimed elsewhere. Other unreimbursed employee business expenses: Union and professional dues. Professional subscriptions. Uniforms and protective clothing. Job search costs. Other: Total unreimbursed employee business expenses (to Sch A, line 20)	2a b c d	2,105.00
Misc	ellaneous Expenses — Subject to 2% Limitation k the box in investment column if an investment expense expense		
b c d e f	Depreciation and amortization deductions Casualty/theft losses of property used in services as an employee REMIC expenses, from Schedule E Investment expenses related to interest and dividend income Expenses related to portfolio income, from Schedule(s) K-1 Miscellaneous deductions, from Schedule(s) K-1 Excess deductions on termination, from Schedule(s) K-1 Other deductible expenses: Investment counsel and advisory fees Certain attorney and accounting fees Safe deposit box rental fees IRA custodial fees Tax preparation software and fax publications Other: Total miscellaneous expenses. Combine lines 4 - 11 (to Sch A, line 22)	5 6 7 8 9 10 11 a b c d e	
Oth	er Miscellaneous Deductions — Not Subject to 2% Limitation		_,
13 14 15 16 17 18	Foderal estate tax paid on decedent's income reported on this return Impairment-related expenses of a handicapped employee, from Form 2106 Amortizable bond premiums on bonds acquired before 10/23/86 Gambling losses Casualty/theft losses of income-producing property Other:	15	
19	Total other misc deductions. Combine lines 13 - 18 (to Sch A, line 27)	19	

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Cabadula A	ì	Converted from Eoliv (10000011)	J		OMB No. 15	45-0074	
Schedule A Form 1040)			Itemized Deductions		2000		
	N 1922		Attach to Form 1040.	07			
Department of the Treatment Revenue Serv		(99)	► See Instructions for Schedule A (For	m 1040).	Your So	cial Security Number	
łame(s) Shown on Fo						72-7931	
<u>(ARLOS T_T</u>	E.J.A	UA _	m. Do not include expenses reimbursed or paid by others.		1000	. I	
Medical and	4		al and dental expenses (see instructions)	1 4	4,440.	· ;	
Dental	1	Medica Fatarana	nount from Form 1040, Line 34	<u> </u>			
Expenses	2	Enter ar	ly line 2 above by 7.5% (.075)	3	.,514.		
	3	Public	act line 3 from line 1. If line 3 is more than line 1, enter -0-			4	2,92 <u>6.</u>
			and local income taxes	5	373.	1.	
Taxes You Paid			estate taxes (see instructions)	6			
	7		nal property taxes	7	i, <u>21</u> 1.		
(See instructions.)			taxes. List type and amount				
1130 00.00013.7	~-	.,		8			
	9	Add lii	nes 5 through 8	· · · · · · · · · · · · · · · · · · ·		9	1,584.
Interest	10	Home in	nortgage interest and points reported to you on Form 1098	10 9	<u>9,900.</u>	- 13 13	
You Paid				⊕ □	ļ		
	11	Home it	nortgage interest not reported to you on Form 1098. If paid to the person nom you bought the home, see instructions and show that person's name,		į		
/C mm			ing number, and address	9875 - 4 9875 - 5	1	44	
(See Instructions.)		•	· · · · · · · · · · · · · · · · · · ·				
				W 4 (`		
W_4_				_11		:454	
Note. Personal	12	Points i	not reported to you on Form 1098. See instructions for special rules				
interest is		Invest	tment interest. Attach Form 4952 if required.			A Clar Feb.	
not deductible:		(See	instructions.)	13		100 mg	0 000
•	14	Add fi	nes 10 through 13		<u> </u>	14	9,900.
Gifts to	15	Gifts I	by cash or check, if you made any gift of \$250 or more,	96.07 960-7		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Charity		see in	structions	15	2,018.	San San	
If you made	16	Other	than by cash or check. If any gift of \$250 or				
a gift and	10	more.	, see instructions. You must attach Form 8283 if	Ä. [1]			
got a benefit for it, see		over :	\$500 · · · · · · · · · · · · · · ·	16			
instructions.	17	Carry	over from prior year	17		18	2,018.
	18	Add 1	rries 15 through 17		<u> </u>	18	2,010.
Casualty and					!	19	
Theft Losses	19		alty or theft loss(es). Attach Form 4684. (See instructions.)	<u> </u>		44.08	
Job Expenses and Most	20	Unrei	mbursed employee expenses — job travel, union dues, ducation, etc. You mus t attach Form 2106 or 2106-EZ				
Other			uired. (See instructions.)	h . L .			
Miscellaneous Deductions		11 11.14				1 60 2	
Beddenons		500	Statement 2,105.	20	2,105.		
	21	360	preparation fees	21	<u> </u>	13.4	
			r expenses investment, safe deposit box, etc. List				
(See instructions	22		and amount				
for expenses		туре		22			
to deduct here.)	23	 Δdd I	lines 20 through 22	23	2,105.	1634	
110,017	24		amount from Form 1040, line 34	* * *			
	25		ply line 24 above by 2% (.02)	25	40 <u>4</u> .	#03E5850 \$100.500	
	26		ract line 25 from line 23. If line 25 is more than line 23, enter	-0		26	1,701.
Othor	27		r — from list in the instructions. List type and amount ■			2.448	
Other Miscellaneous		0110					
Deductions		\				27	
Total	28	ls Fo	orm 1040, line 34, over \$128,950 (over \$64,475 if married filin	ng separately)?			
Itemized		X.	No Your deduction is not limited. Add the amounts in the fa	r right column for	<u> </u>		
Deductions			lines 4 through 27, Also, enter this amount on Form 104	O, line 36.	├ •	- 28	18,129.
			res. Your deduction may be limited. See instructions for the	amount to enter.	- <u>-</u> <u>-</u> -		

17/02 13:16:00 Case 02-30603-RQ Doc 1 Filed 01/17/02 Entered Converted from ECM (10535671) Page 29 of 69 Department of the Treasury — Internal Revenue Service Form 1040 2000 U.S. Individual Income Tax Return IRS use only — Do not write or staple in this space. For the year Jan 1-Dec 31, 2000, or other tax year beginning 2000, ending 20 OMB No. 1545-0074 Your First Name Your Social Security Number Label (See instructions.) CARLOS TEJADA 088-72-7931 If a Joint Return, Spouse's First Namo М Last Name

Use the IRS label.					opouse a social security number
Otherwise,	Home Address (number and street). If You Have a P.O. Box, Sec	Instructions.	Apartment N	No.	A Important! A
please print or type.	710 MURRAY STREET			ı	▲ Important! ▲ You must enter your social
· · ·	City, Town or Post Office. If You Have a Foreign Address, See In	structions.	State ZIP Code		security number(s) above.
Presidential	ELIZABETH		NJ 07202		
Election Campalgn (See instructions.)	Note: Checking 'Yes' will not change your tax	or reduce your refund	1.	You	Spouse
(See instructions.)	Do you, or your spouse if filing a joint return, v	vant \$3 to go to this	fund? 🛌 🗅	Yes	No Yes No
Filing Status	1 X Single				
, <u>a</u> +	2 Married filing joint return (even if only or	,			
	3 Married filing separate return. Enter spor				
Check only	4 Head of household (with qualifying perso		 If the qualifying pe 	rson is a	a child but not your
one box.	dependent, enter this child's name here				
	5 Qualifying widow(er) with dependent chil		mar.	e instru	ctions.)
Exemptions	6a X Yourself. If your parent (or someone els her tax return, do not check box 6a	e) can claim you as a	a dependent on his o	r 	No. of boxes checked on 6a and 6b 1
	b Spouse				No. of your
		(2) Dependent's	(3) Dependent's	(4) 🗸	if Sc who:
	c Dependents;	social security	relationship	qualifying of for child t	hild a lived
	(1) First name Last name	number	to you	credit (se	🗓 🎍 did not five
				III STI GCLIOI	uith you due to divorce or sep-
16 ****** 11	1178				aration (see instructions)
If more than six dependents,			T.		Dependents
sec instructions.					on 6c not
					above , , , , , ,
	10.10.00				Add numbers
	d Total number of exemptions claimed	<u></u>		, , ,	entered on lines above . ► 1
Income	7 Wages, salaries, tips, etc. Attach Form(s) W	-2			<u>7</u> 20,182.
	8a Taxable interest. Attach Schedule B if require	ėd	 I	· · · · · · _	8a
Attach Forms W-2 and W-2G	b Tax-exempt interest. Do not include on line 8 9 Ordinary dividends. Attach Schedule B if regi	Sa , . , , , , , <u>[</u>]	8b		
here. Also attach	9 Ordinary dividends. Attach Schedule B if requ10 Taxable refunds, credits, or offsets of state a				9
Form(s) 1099-R if tax was withheld.	11 Alimony received				10 11
	12 Business income or (loss). Attach Schedule (Ο or <i>C</i> ΕΖ			12
If you did not get a W-2, see	13 Capital gain or (loss). Attach Schedule D if re				13
instructions.	14 Other gains or (losses). Attach Form 4797		ia, chick field	니는	14
	15a Total IRA distributions 15a		ble amount (see inst		15 b
	16a Total pensions & annuities 16a		ble amount (see inst	• —	16 b
	17 Rental real estate, royalties, partnerships, S				7
Enclose, but do	18 Farm income or (loss). Attach Schedule F		,,,,,		8
not attach, any payment. Also,	· · · · · · · · · · · · · · · · · · ·				9
please use	20 a Social security benefits 20 a	i b Taxa	ble amount (see inst	rs) 2	20 b
Form 1040-V.	21 Other income. List type & amount (see instrs)				21
	22 Add the amounts in the far right column for li	<u>ries 7 through 21. Th</u>		1e . 🏲 2	20,182.
Adjusted	23 IRA deduction (see instructions)				
Gross	24 Student loan interest deduction (see instruction)25 Medical savings account deduction. Attach Formula				
Income	Medical savings account deduction. Attach FormMoving expenses. Attach Form 3903				
	27 One-half of self-employment tax. Attach Sche				
	28 Self-employed health insurance deduction (se				
	29 Self-employed SEP, SIMPLE, and qualified p				
	30 Penalty on early withdrawal of savings				
	An are transfer a contract to		l a		
	32 Add lines 23 through 31a				12
	33 Subtract line 32 from line 22. This is your adj	usted gross income			3 20,182.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

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tax and financial services

Tax Law Changes and IRS Programs That May Affect You

EARNED INCOME CREDIT

The definition of qualifying child has been changed.

Congress has redefined the term qualifying child for earned income tax credit purposes. For a child to qualify you for the Earned Income Credit, the child must be your son or daughter, stepchild, adopted child, grandchild, or qualified foster child. As under prior law, the qualifying child must have lived with you for more than half the year (the entire year in the case of a qualified foster child).

A qualified foster child, for purposes of the earned income credit, must be placed with you by an authorized child placement agency or must be your brother or sister, nephew or niece, or a descendant (including an adopted child) of one of these relatives. In addition, you must treat the foster child as if he or she were your own child. If you are married and filing a joint return these relatives may be yours or your spouse's.

How does this change affect me?

You may or may not be affected. Under prior law, a foster child for earned income credit purposes was any child whom you treated as your own child and who lived in your home for the entire year. Now, to be eligible as a foster child, the child must meet the new definition. If you had a qualifying child who met the old foster child definition but does not meet the new definition, he or she will no longer qualify you for the earned income credit.

What should I do if I receive a letter from the IRS about my Earned Income Tax Credit?

The IRS is comparing state custody records with the names and social security numbers of qualifying Earned Income Tax Credit children. You may receive a letter from the IRS if court records in your state indicate that you are not the legal custodial parent of a qualifying child listed on your return.

If you receive correspondence from the IRS about your Earned Income Tax Credit claim, contact H&R Block for assistance in resolving the matter.

IRS REVENUE PROTECTION STRATEGIES

The IRS has announced that they will increase their review of certain elements on individual tax returns filed for the 2000 tax year. Some of the IRS revenue protection strategies that may affect you include:

Social Security Number / Name Matchine

For you, your spouse if you are filing a joint return, and your dependents, the IRS will be comparing the social security number and the last name(s) listed on your return with Social Security Administration records. If the information does not match, processing of the return (and refund) will be delayed until the discrepancy is resolved.

While this review will apply to returns filed electronically and returns mailed to the IRS, by filing your return electronically we will be able to notify you within a day or two if there is a name / social security number mismatch on your return. Taxpayers who mail their returns may have their refunds significantly delayed if there is a mismatch.

First Time Filers

If you (and/or your spouse, if you file a joint return) have not filed a tax return using your current last name during the past 10 years, the IRS will delay payment of your refund for one week. The delay will not affect you if you file electronically and request a Refund Anticipation Loan. All other refunds, including those received by Refund Anticipation Check, direct deposit, and IRS check may be affected by this additional IRS compliance review.

Home Phone: 908-351-0959

426 FULSTON ST Apt; 2 ELIZABETH, NJ 07207

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Is this amount \$50.00 or more (25.00 if filing status is married, filing separate return and you maintain the same residence as your spouse).

7. Subtract Line 6, Column A from Column B.....

235

223

6. Tax you would pay on Line 5 amount.....

Yes You receive a greater tax benefit by taking the property Tax Deduction. Enter the amount on Line 4 of this worksheet on Line 36 of Form NJ-1040. Make no entry on Line 44 of Form NJ-1040 and complete the balance of the return. (X) No You receive a greater tax benefit by taking the Property Tax Credit. Enter \$50.00 on Line 44 of Form NJ-1040 (\$25.00 if filing status is married, filing separate return and you maintain the same residence as your spouse).

Case 02-30603-I /17/02 13:16:00 Doc 1 Filed 01/17/02 Entered verted from ECM (10535671)

PAGE 2 AND PAGE 3 MUST BE ENCLOSED WITH PAGE 1 OF YOUR 2000 NJ-1040/HR-1040 PAGE 3 NJ- 1040/HR- 1040 (2000) 153-04-6290 Social Security Number Name TEJADA INGRID O 50 If payments (Line 49) are LESS THAN tax (Line 42) enter AMOUNT OF TAX YOU OWE 50. If you owe tax, you may make adonation by entering an amount on Lines 53, 54, 55, 56, 57 and/or 58 and adding this to your check amount 141 51 If payments (Line 49) are MORE THAN tax (Line 42) enter OVERPAYMENT 51 NOTE: AN ENTRY ON LINES 52, 53, 54, 55, 56, 57 AND/OR 58 WILL REDUCE YOUR TAX REFUND. Deductions from Overpayment on Line 51 which you elect to credit to: Your 2001 tax 52. 53 \$20 The N.J. Endangered Wildlife Fund 53 54 N.J. Children's Trust Fund to Prevent Child Apulse 54 55 The N.J. Vietnam Veterans' Memorial Fund 55. 56 N.J. Breast Cancer Research Fund 56 57 U.S.S. New Jersey Educational Museum Fund 57. 0 | 58 58 Other Designated Contribution 59 Total Deductions from Overpayment (Add Lines 52 through 58) 59. 141 60 REFUND (Amount to be sent to you, Line 51 LESS Line 59) 60 EARNED INCOME TAX CREDIT SCHEDULE You may be eligible for the New Jersey Earned Income the redit if for claimer the rederal and income Credit for 2000, your gross income oughing status on your Federal Income tax w Jersey is the same as on Line 29, Form NJ- 1040 is \$20,000 or less and your filing status for return. Complete this schedule to see if you are eligible. You are not eligible further new Jersey Earned Income Tax Credit if your filing status is single or married, filing separate return or if you answer "N Did you file a 2000 Federal Schedule EIC, on which you listed at least one "qualifying child"? 1. Fill in the box if you had the IRS figure your Federal Earned Income Credit. 2. Enter the amount of Federal Earned Income Credit from your 2000 Federal Form 1040 or 1040A. 3. Enter 10% of the amount on line 3 here and on Page 2, Line 46. 4 2000 HREADAD HOMESEEAD REBATE APPLICAT Not 65 or blind or disabled isabled On December 31, 2000 I (and/grany spo 7. Fill in only one box. See instructions of sage 42 20,805 Enter the GROSS INCOME your reparted on Line orm NJ- 1040 or see 8. If your filing status is MARRIED, FILING SEPARATE RETURN and you and your spouse 9. MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your spouse's return (Line 29, Form NJ- 1040) and check this box 20.805 10 TOTAL GROSS INCOME (Add Line 8 and Line 9) 10. STOP - IF LINE 10 IS MORE THAN \$100,000, YOU ARE NOT ELIGIBLE FOR A REBATE. Enter your New Jersey residence on Dec. 31, 2000 if different than above, if you were not a resident on Dec. 31, 2000 enter your last New Jersey residence. 11. **Munic**ip<u>ali</u>ty Street Address Tenant 12. Check your residency status during 2000: owner dence for which the rebate is claimed St numbe If you checked "Homeowner" or "Both" on Line ; 13. Qualifier Block Yes Nο 14 a. Did you live at more than one New Jersey residence during the year Did you share ownership of a principal residence during the year with anyone, other than your spouse? Yes Νđ X Yes Nο Did any principal residence you owned during the year consist of multiple dwelling units? C. X Νo Yes Did anyone, other than your spouse, occupy & share rent with you for an apartment or other rental dwelling during the year? đ.

15

16a

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17

18a

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800

Enter total rent you (and your spouse) paid on your principal residence in NJ during 2000. 17 Total Rent paid (Sch. HR- A, PART II, Line 11) 18 a. Tenant Number of days as a tenant (Sch. HR- A, PART II, Line 10) 18 b.

Number of days as an owner (Sch. HR-A, PART), Line 4)

Total Property taxes paid (Sch. HR- A, PART I, Line 5)

Total 2000 prop. taxes you (& your spouse) paid on your principal residence in NJ during 2000

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

15.

16 a.

16 b.

Home

Owner

PAGE 2 AND PAGE 3 MUST BE ENCLOSED WITH PAGE 1 OF YOUR 2000 NJ- 1040/HR- 1040

PAGE 2 NJ- 1040/HR- 1040 (2000) Social Security Number Name 153-04-6290 TEJADA INGRID Married, filing separate return 4. Head of Household Married, filing joint return 3. FILING STATUS 1. Single 0 1 10. Number of other dependents EXEMPTIONS 6. Regular 0 Age 65 or Over Dependents attending colleges 7. 11. 1 ō Totals (Line 12a - Add Lines 6, 7, 8 and 11) 12. Blind or Disabled 2 3 (Line 12b - Add Lines 9 and 10) Number of qualified dependent children 13. If you were a New Jersey resident for ONLY part of the Τo RESIDENCY YEAR taxable year, give the period of New Jersey residency YEAR MONTH MONTH DAY **STATUS** Do you wish to designate \$1 of your taxes for this fund? Nρ **GUBERNATORIAL** Νo Yes If joint return, does your spouse wish to designate \$1? **ELECTIONS FUND** 20,805 Wages, salaries, tips, and other employee compensation (Enclose W- 2) 14 14. 15a Taxable interest income 15a. 15b 15b. Tax exempt interest income. DO NOT include on Line 15a 16 16. Dividends 17 17. Net profits from business (Enclose copy of Federal Schedule 3. 18 Net gains or income from disposition of property (Schedule Bittine 18. 19. Pensions, Annuities, a. Taxable: Mount Re**če**ive and IRA Withdrawals c. Subtract Line 19b from Line 19a 19c 20 20 Distributive Share of Partnership Income (See instruction page 22) 21 Net pro rata share of S Corporation Income (See instruction page 22) 21. 22 Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3) 22. 23 23. Net Gambling Winnings 24 24. Alimony and separate maintenance payments received 25 Other (See instruction page 23) 25. 805 26 26. Total income (Add Lines 14, 15am) 6 (47, 19c, 20, 121, 22, 23, 24 and 25 27 THIS LINE IS NOT USED ON COMPUTER GENERATED BETURNS 27. Other Retirement Income Exclusion (Security sheet and 28 28. 20,805 29 New Jersey Gross Income (Subtract Line 28 from Line 26) 29. MATERIA O 600 30a. Exemptions: From Line 12a 4 3,000 x \$1,500 =30b From Line 12b 4,000 Total Exemption Amount (Add Line 30a and Line 30b) Part Year Residents see instruction page 8. 30c 30c. Medical Exp/Medical Savings Acct Contributions (See Worksheet and Instr. page 25) 31 31. 32 32. Alimony and Separate Maintenance Payments 33 33. Qualified Conservation Contribution 4,000 34 Total Exemptions and Deductions (Add Lines 30c, 31, 32 and 33) 34. 16,805 35 Taxable Income (Subtract Line 34 from Line 29) If zero or less, MAKE NO ENTRY. 35. 35 36 Property Tax Deduction (See instruction page 25 16,805 37 NEW JERSEY TAXABLE INCOME (Subtract Line 36 from t NO ENTRY. 37. 35fitizero or l 235 38 38. Tax (From Tax Tables, page 43) 39 Credit For Income Taxes Paid to Other Jurisdictions (See instructions) 39. 235 40 40. Balance of Tax (Subtract Line 39 from Line 38) 0 41 Use Tax Due on Out- of- State Purchases (See instruction page 28) If no Use Tax, enter ZERO. 41. 235 42 42. Total Tax (Add Line 40 and Line 41) 326 43 43. Total New Jersey Income Tax Withheld (Enclose forms W- 2 and 1099- R) 50 44 44. Property Tax Credit (See instruction page 28) New Jersey Estimated Tax Payments/Credit from 1999 tax return. 45. 45 if Form NJ- 2210 is enclosed. 46 46. New Jersey Earned Income Credit 47 EXCESS New Jersey UI/HC/WD Withheld (See instr. page 29) (Enclose Form NJ- 2450) 47. 48 EXCESS New Jersey Disability Insurance Withheld (See instr. page 29) (Enclose Form NJ- 2450) 48. 376

49

49.

Total Payments/Credits (Add Lines 43 through 48)

NJ-1040/ HR-1040 2000 PAGE 1

Case 02-30603-F

Doc 1 Filed 01/17/02 Entered from ECM (10535671) INCOMES A36 RESOSENT RETURN

/17/02 13:16:00

HOMESTEAD REBATE APPLICATION

For Privacy Act Notification, See Instructions For Tax Year Jan. - Dec. 2000 or Other Tax Year

, 2000 Beginning,

Month Ending

THIS IS PAGE 1 OF YOUR 2000 NJ- 1040/HR- 1040, IT MUST BE FILED IN ORDER FOR YOUR RETURN TO BE PROCESSED 09

153-04-6290

2004

Name and Address TEJADA INGRID

426 FULSTON ELIZABETH

TEJA

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Under this populates of parjury, I declare that I have examined this income tax return and Homestead Rebate Application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the proparer has any knowledge.

>FOR INFORMATION ONLY Your Signature

FOR INFORMATION ONLY

Spousn's Signature (If filing jointly, 6 OTH must sign)

Pajo Prepare//s Signature Firm's Name

Federal Identification Number

HR BLOCK EASTERN TAX SERVICE 07202

Federal Employer Identification No. 43-1632899

i'ay amount on line 50 in full. Writ∎ Social Security # on check or money order and make payable to:

STATE OF NEW JERSEY - TGI if you have an amount due, enclose your chack and NJ-1040-V payment voucher and your return to:

N J Division of Taxation, Revenue Processing Center, PO Box 111, Franton, NJ 08645- 0111. If REFUND: N J Division of Taxation, Revenue Processing Center, PO Box

555, Trenton, NJ 08647-0555.

NJ1040-1V1.11

Case 02-30603-R Doc 1 Filed 01/17/02 Entered /17/02 13:16:00 STATE OF NEW JERSEPHER from ECM (10535671) Page 37 of 69 Declaration Control Number (DCN) INDIVIDUAL INCOME TAX NJ-8453 0 0 - 2 2 4 8 9 1 DECLARATION FOR 2000 ELECTRONIC FILING Last Name, First Name and initial (Joint filers enter first name and initial of each. Enter spouse last name ONLY if different) Please place label on form Your Social Security Number TEJADA INGRID you file. Home address (Number and Street, including apartment number or rural route) 153-04-6290 Make all Spouse's Social Security Number necessary 426 FULSTON ST APT ch anges ro tabel. City, Town, Post Office County/Municipal Code 07207 NJ ELIZABETH 2004 Tax Return Information PART I 20,805 Federal wages, salaries, tips, etc. 20,805 New Jersey total wages, salaries, tips, etc., 326 New Jersey income tax withheld..... 141 KKKKKK/Refund due ... Declaration of Taxpayer PART II Under penalties of perjury, I declare that I have examined the electronically filed income tax return and Homestead Rebate Application, filed on my behalf including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and and Homestead Rebate Application. complete. If prepared by a person other than taxpaye, the declaration is based on all information of which the preparer has any knowledge. COPY ONLY Spouse's signature (if filing jointly, BOTH must sign) COPY ONLY Your signature Do Not Attach Checks To This Form PART III Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer plication filed gomy behalf including accompanying schedules and statements, and to the best diffray knowledge they are based on alkition nation of which I have knowledge. Mahis returns and Homes 02/26/2001 ERO's Signature HR BLÖCK EASTERN TAX SERVICES 07202-0000 1140 E JERSEY STREET, ELIZABETH ERO's Firm Name and Address X Check here if the ERO is also the Paid Preparer Under penalties of perjury, I declare that I have examined this return and Homestead Rebate Application, filed on my behalf including accompanying schedules and statements, and to the best of my knowledge they are based on all information of which I have knowledge.

Preparer's signature

Preparer's Firm Name and Address

Date

Case 02-30603-R

Doc 1

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/17/02 13:16:00 Page 38 of 69

Desc

ОМВ No. 1545- 0074

SCHEDULE EIC

(Form 1040A or 1040)

Qualifying Child Information

Attachment Sequence No. 43

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Before you begin:

Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

Your social security number 153-04-6290

INGRID TEJADA

See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 60a and 60b, to make sure that (1) you can take the EIC and (2) you have a qualifying child.

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See page 2 of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- In the child's social security card. Otherwise, at the Be sure the child's name on line on the child's social security card is not correct, call time we process your return, we may reduce citrisallow your Elio If the na the Social Security Administration at 1-800-742-1213.

Q	ualifying Child Information	Child 1	Child 2
1	Child's name	First name Last name	First name Last name
	If you have more than two qualifying children, you only have to list two to get the maximum credit.	GLORIA TEJADA	QUIRA TEJADA
2	Child's SSN The child must have an SSN as defined on page 4 of the Form 1040A or 1040 instructions unless the child was born and died in 2000. If your child was born and died in 2000 and did not have an SSN enter "Died" on this line and attach a copy of the child's birth certificate.	150006-1386	146-98-4509
3	Child's year of birth	Year 1999 If born after 1981, skip lines 4a and 4b; go to line 5.	Year 1995 If born after 1981, skip lines 4a and 4b; go to line 5.
i	If the child was born before 1982 - Was the child under age 24 at the end 2000 and a student? DWas the child permanently and totally disabled during any part of 2000?	Yes No. Coto life 5 Continue Les. No. Continue The child is a qualifying ch	Go to line 5. Continue Yes. No. The child is not a
5	Child's relationship to you (for example, son, daughter, grandchild, foster child, etc.)	DAUGHTER	DAUGHTER
6	Number of months child lived with you in the United States during 2000 If the child lived with you for more than half of 2000 but less than 7 months, enter "7".		nths12 months
	 If the child was born or died in 2000 and your home was the child's home for the entire time he or she was alive during 2000, enter "12". 	Do not enter more than 12 mon	ths. Do not enter more than 12 months.



Do you want part of the EIC added to your take- home pay in 2001? To see if you qualify, get Form W- 5 from your employer or by calling the IRS at 1-800-TAX-FORM (1-800-829-3676).

KBA For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 2000

<u> </u>		Enter the amount (2008) Page 39 of 69	20 20 20 ,805
axable	2 <u>0</u>	Enter the amount of the tree from ECM (10535671) Page 39 of 69	
		Check Youwere 65 or older Blind Enter number of	
	21a	Check Tourwell Consider Blind boxes checked > 21	a
		m Spouse was coordate	
		If you are married filing separately and your spouse itemizes deductions, see page 33 and check here	<u>b</u>
	22	Enter the standard deduction for your filing status. But see page 33 if you checked any box on line 21a or 21b or if someone can claim you as a dependent.	
		 Single-\$4,400 Married filing jointly or Qualifying widow(er)-\$7,350 Head of household-\$6,450 Married filing separately-\$3,675 	
			23 14,355
	<u>23</u>	Subtract line 22 from line 20. If line 22 is more than line 20, enter the Multiply \$2,800 by the total number of exemptions claimed on line 6d.	24 8,400
	24	Subtract line 24 from line 23 from 24 is more than line 23 entire 3	
	25		▶ ₂₅ 5,955
		This is your taxable income	26 890
Гах,	26	Tax (see page 34). Credit for child and dependent care expenses.	
redits,	27	27	
ınd		Attact Screene 2.	
payments	28	Credit for the elderly or the disabled, Attach	
•		Scriedule U.	
	29	Education Cledus, Attach Tollingson	896.
	30	Child tax credit (see page 51):	
	31	Adoption credit. Attach Form 8839	3289
	32	Add lines 27 through 31. These pre your total credits. Subtract line 32 from line 26. (Fine 32 is more prantice 25 enter 0-	33
	33	Advance earned income credit payments from Formus W- 2	34
	34	Advance earned income credit by ments more on the second s	▶ 35
	35	Add lines 33 and 34. This is your fortitax.	 -
	36	and 1099.	L,87 <u>5.</u>
	37	2000 estimated tax payments and amount	
If you have	<u> </u>	applied from 1999 record.	2,175.
aqualifying	38a	Earned Income credit (EIO).	
child, attach Schedule	þ	Nontaxable earned income: amount ▶ ###################################	
EIC.	<u> </u>	amount Additional child tax credit. Attach form 8812	
·	<u>39</u>	Additional child tax credit. Adacticonin oo 12.01	▶ 40 4,05
	40	Add lines 36, 37, 388 and 39 rinese are your total payments If line 40 is more than line 35 subtract line 35 from line 405	
Refund	41		41 4 <u>,</u> 05
		This is the amounty buoverpaid.	42a 4,05
Have it	42 a	Amount of line 41 you want refunded to you.	
directly deposited! See page 48	►b	Routing number 031100254	
and fill in 425, 42c,	►¢	Account 90047915153046290	
and 42d.	43	Amount of line 41 you want applied to your 2001 estimated tax.	
Amount	44	If line 35 is more than line 40, subtract line 40 from line 35, 17 is is the amount you owe. For details on how to pay, see page 49.	44
you owe	45		
Sign	74.	Under penalties of perjury, I declare the Whave examine on its analysis and sources of income I received and sources of income I received and sources of income I received and sources of income I received and sources of preparer (other than the laxpeyer) is based on all information of which the preparer has any knowledge.	tatements, and to the best of my wed during the tax year. Declaration ie.
here Joint return?	ì	Your signature Your occupation For Info Only-Do not file MANAGER	n Daytime phone number
See page 21. Keep a copy f	or	Spouse's signature. If a joint return, both must sign. Date For Info Only-Do not file	pation May RS discuss this returns the preparer shown below (see page 50)? Yes
your records.		Preparer's Date Check if	Preparer's SSN or PTIN
Paid		signature 2/26/01 self-employe	··· 45 1533900
preparer's use only			Phone по (908) 659-9
изе опіў		yours if self-employed). FIIZABETH, NJ 07202-0000	Phone no. (908 / 039 9

Declaration	Control Numb	er (DCN) 30603-R ID 9 1 Conver	oc 1 Filed 01/ ted from ECM (17/02 Entered 105356⊠1)∗∙∘ R ag	/17/02 13:1	6:00	Desc
Form 84	53	<u>ا</u>	S. Individual Ir	come Tax Decl	aration	ŀ	OMB No. 1545- 0936
for an IRS e-file						ļ	
Department of Internal Reve	ul the Treasury anue Service		For the year Janu ▶ See sep	ary 1 - December 31, 2000 arate instructions.)		2000
		ur first name and initial IGRID		Last name TEJADA			ocial security number 53-04-6290
Use the IRS label, Otherwise,	se the RS label. E If a joint return, spouse's first name and initial Last name therwise, L						e's social security no.
please print or	H Hor	me address (number a	and street). If you have a F	O. box, see instructions.	Apt. no.	<u> </u>	MPORTANTI A
type.	R City	, town or post office	ADVICE THE TOTAL CO. T. C. C. C. C. C. C. C. C. C. C. C. C. C.		<u> </u>	V	You must enter our SSN(s) above.
		IZABETH, N	Ø 0720 <i>∏</i>		pr		e phone number
Part I	Toy Date		A				908) 351-0959
			Whole dollars only)		.		00.005
2 Total ta	x (Form 1040, lis	10 57: Form 1040A lin	-отт то4од, ime т9; Form e 35; Form 1040ЕZ, line 1	i 1040t±2. line 4)		1 -	20,805
3 Federal	lincome tax with	nheld (Form 1040, line	58; Form 1040A, line 36;	orm 1040EZ (ine 7)		3	1,875
4 Refund	(Form 1040, line	e 67a; Form 1040A, lin	ie 42a; Form 1040EZ, line	11a)		4	4,050
5 Amount	t you owe (Form	1040, line 69; Form 1	040A, line 44; Form 1040!	EZ. line 12)	<u> </u>	5	
Part II	Declaration	on of Taxpayer(Sign only after Part Lis co	mpleted.) Blectroffic portion of my 2 Lagent to receive the rejui			10.11
und Pay to a To r (set info If I have filed liability and a I understand Under penal lines of the el consent to and/or trans for the reject is delayed, I a	lerstand that this ment System (Eccess EFTPS, Tevoke a payment tement) date. I armation nacess: a balance due rall applicable intities of perjury, I lectronic portion by ERO sending mitter an acknowion, and, if I am authorize the IR	authorization may appress authorization may appress authorization may appress authorization is to also authorize the final ary to answer inquiries return, I understand the rest and penalties. If urn will be rejected declare that the information of my 2000 Federal my return this declar my return this declar applying for a refund applying for a refund as S to disclose to my EF	poly to subsequent Federe to initiate subsequent per remain in full force and ef J.S. Treasury Financial Americal institutions involved and resolve issues relative filed a joint Federa thave filed a joint Federa to the filed a	eive full and timely paymer and state tax return and t	his return and/or a pot to be debited throubed by the send me a personal Ago alarer than 2 busine ectronic payment of the first and extra the section of the	ayment c ugh the E onal ider ent to ten ss days p taxes to r will rema y state re the amou ue, corre onsent to d, and, if	of estimated tax. I further electronic Federal Tax nttfication number (PIN) minate the authorization orior to the payment receive confidential in liable for the tax eturn, onto the corresponding act, and complete. I
Sign		Y ONLY		COPY			
Here Part III	P Your sign	• •	Peturn Oziginator	Spouse's sig (ERO) and Paid Pr	nature. If a joint return,	BOTH mu	zst sign. Dato
have signed other require penalties of p knowledge a ERO's sig Use Fin Only ad	I have reviewed or, I am not responsible to the form before the ments in Pub. 1 declare and belief, they a company of the menture of the following if self-employed dress, and ZIP of the control of the following if self-employed dress, and ZIP of the control of	the above taxpayer's consible for reviewing I submit the return. In 345, Handbook for Authat I have examined are true, correct, and code. HR BLO CODE.	s return and that the entrice the return and only declar will give the tax payer a couthous different return and only declar will give the tax payers return the attrove tax payers return better. This Paid Preparet Date 02/CK_EASTERN_TETH, NJ 0720	es on Form 8453 are compre that this form accurately by of all forms and information and accompanying scheme and accompanying scheme and accompanying scheme also paid also paid preparer. AX SERVICES 2-0000	lete and correct to the reflects the data on a tion to be filed with the fax Returns, If I am a nedules and statement all information of whether the remarks of the remarks	e best of the return he IRS, a lso the P nts, and hich I hav ERO's t	rmy knowledge. If I am n. The taxpayer will and have followed all aid Preparer, under to the best of my ve any knowledge. SSN or PTIN 2899 8) 659-9813
Under penalt	ies of perjury, Lo	leclare that I have exa	mined the above taxpava	ar's return and poorman	_ - بروان برسطام م مرزر	4.4	
_	Preparer's	e due, correct, and co	əmplete. This declaration	is based on all information	of which I have any Check	knowled	ige.
Paid	signature	<u> </u>		Date	if self- employed	Hebaré	er's SSN or PTIN
Preparer's	vours it self-	émployed) 🖿 — —	- · · · ·		EIN		
<u>Use Only</u> KBA ForPa	address, and	ZIP code		-	Рһоле по		
www. FQFFa	ipei work Redu	cuon ACt Notice, see	separate instructions.				Form 8453 (2000)

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player's name thirst, middle initial, I	*>()	96607	10 Departent care benefits	13		14 Other	
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W-2 Wage and	d Tax S	Statement 1999				he Treasury-Internal Reven	
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oloyer's name, address and ZiP code			b Employer's Identification number			4 Social accurity has withhele	
CONTINENTAL A 1600 SMITH,			74-2099724		94.32	1258-25	
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Hous	TON	TX 77210	7 Social security tips	g Allocated tips		9 Advance EIC parment	
oloyee's name (first, middle initial, I	EEC)	96607	10 Dependent cara benefits	13	ar talen	. 1d Other	
CARLOS T TEJA		J000 /	11 Nonquétifical Diése			,	
710 MURRAY ST ELIZABETH NJ						Uol Ids Lu	.00
THE PROPERTY AND	V,4V2		19 Seefits included in box 1	NJ PPN		0051822001	5000
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lf you did not		mployment compensati				unt , . , <u>, , 11 b </u>	/n
get a W-2, see instructions.	Per	manent Fund dividends	on, qualified state (DITI)	on program earnin	ys, and Alask	a <u>12</u>	
Enclose, but do		ial security efits	18.5	194	Tavable ama:	⊔nt,, 13b	
not staple, any payment.		lines 7 through 13b (fa					20,294
Adjusted		deduction (see instructi					40,294.
gross		dent loan interest deduc					
income		lines 15 and 16. These				17	
		tract line 17 from line 14					20,294
BAA For Paperwo		on Act Notice, see Instr					orm 1040A (1999

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Department of the Treasury — Internal Revenue Service

BAA For Paperwork Reduction Act Notice, see instructions.

Form 1040A U.S. Individual Income Tax Return (99) 1999 iftS use only — Do not write or staple in this space, Label OMB No. 1545-0085 Your First Name and Initial Last Name Your Social Security Number (see the CARLOS instructions.) TEJADA 088-72-7931 If a Joint Return, Spouse's First Name and Initial Last Name Spouse's Social Security Number 153-04-6290 Use the Home Address (number and street). If You Have a P.O. Box, See instructions, IRS label. Apt Number Important! 710 MURRAY ST. Otherwise, City, Town or Post Office, State, and ZIP Code, if You Have a Foreign Address, See Instructions. please print You **must** enter your or type. SSN(s) abové. ELIZABETH 07202 Presidential Election Campaign Fund (See instructions.) Yes No Note: Checking 'Yes' will not Do you want \$3 to go to this fund? change your tax or reduce your refund. Х If a joint return, does your spouse want \$3 to go to this fund? Single Filing 1 status 2 Married filling joint return (even if only one had income) X Married filing separate return. Enter spouse's social security number above and full name here ► INGRID TEJADA Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your Check only dependent, enter this child's name here . 🟲 one box. Qualifying widow(er) with dependent child (year spouse died > 19). (See instructions.) Yourself. If your parent (or someone else) can claim you as a dependent on his or her Exemptions No. of boxes checked on 6a and 6b b Spouse ... No. of your children on c Dependents. (4) v (2) Dependent's (3) Dependent's qualifying child for social relationship 6c who: security number • lived to you child tax First name Last name with you If more than did not seven dependents, live with you due to divorce or see instructions. Dependents on 6c not entered above Add numbers d Total number of exemptions claimed Income 20,294. Attach Copy B of your Form(s) W-2 8a Taxable interest. Attach Schedule 1 if required here. Also attach Form(s) 1099-R if b Tax-exempt interest. Do not include on line 8a 8b 9 Ordinary dividends. Attach Schedule 1 if required tax was withheld. 10b Taxable amount . . . 10b 11 a Total pensions and annuities 11 a 11b Taxable amount..... If you did not Unemployment compensation, qualified state tuition program earnings, and Alaska get a W-2, see instructions. 13a Social security Enclose, but do not staple, any payment. Add lines 7 through 13b (far right column). This is your total income 20,294 Adjusted gross 16 Student loan interest deduction (see instructions) 16 íncome 17 Add lines 15 and 16. Those are your total adjustments 17 18 Subtract line 17 from line 14. This is your adjusted gross Income 20,294

Form **1040A** (1999)

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CARLOS T TEJADA

088-72-7931

Form **1040A** (1999)

Form 1040A (199 <u>9)</u>				Page 2
Taxable income	19	Enter the amount from line 18		19 20,294.
	20 a	Check You were 65 or older Blind En	ter number of kes checked > 20 a	
	Ь	If you are married filing separately and your spouse itemizes see instructions and check here	deductions, ► 20 b []	
	21	Enter the standard deduction for your filing status. But see in any box on line 20a or 20b or if someone can claim you as a	nstructions if you checked dependent	
		 Single — \$4,300 Married filing jointly or Qualifying wide 		
		Head of household — \$6,350 Married filing separately -		<u>21 3,600.</u>
	22	Subtract line 21 from line 19. If line 21 is more than line 19, e		
	23	Multiply \$2,750 by the total number of exemptions claimed on	line 6d	23 2,750.
	24	Subtract line 23 from line 22. If line 23 is more than line 22, e taxable income		24 13,944.
Tax,	25	Find the tax on the amount on line 24 (see instructions)		<u>25</u> 2,089.
credits, and	26	Credit for child and dependent care expenses. Attach Schedule 2		
payments	27	Credit for the elderly or the disabled, Attach Schedule 3 \ldots .		
	28	Child tax credit (see instructions)		
	29	Education credits, Attach Form 8863	. 29	
	30	Adoption credit. Attach Form 8839		े रा
	31 32	Subtract line 31 from line 25. If line 31 is more than line 25, e		
	32 33	Advance earned income credit payments from Form(s) W-2.		14.40 77 77 77 77
	34	Add lines 32 and 33. This is your total tax		
		Total federal income tax withheld from Forms W-2 and 1099		
	36	1999 estimated tax payments and amount applied from 1998 return	. 36	
	37 a	Earned income credit. Attach Schedule EIC if you have a qualifying child	. 37a	
	t	Nontaxable earned income:		
, ,	20	amount . Additional child tax credit, Attach Form 8812	38	•
		Add lines 35, 36, 37a and 38. These are your total payments		39 2,359.
Refund		If line 39 is more than line 34, subtract line 34 from line 39. T you overpaid	his is the amount	40 270.
Have it directly	41 a	Amount of line 40 you want refunded to you		41a 270.
peposited! See instructions and fill in 415, 41c,	Ŀ	Routing number • c Type: Chec	cking Savings	
and 41d.	-	Account number ►		
1	42	Amount of line 40 you want applied to your 2000 estimated tax	. 42	
Amount you owe	43	If line 34 is more than line 39, subtract line 39 from line 34. T For details on how to pay, see instructions		43
<u> </u>	44	Estimated tax penalty (see instructions)	, 44 panying schedules and statements, and	to the best of my knowledge and
δign ∤lere		Under penalties of perjury, I declare that I have examined this return and accombeller, they are true, correct, and accurately list all amounts and sources of inco taxpayer) is based on all information of which the preparer has any knowledge. Your Signature Date	me f received during the tax year. Decis Your Occupation	Daytime Telephone
toint return? (ee instructions.			LABORER	Number (optional)
teep a copy or your records.	•	Spouse's Signature. If Joint Return, Both Must Sign. Date	Spouse's Occupation	
aid		Preparer's	Date Check if	
reparer's		Preparer's Signature	03/15/2000 employe	a 146-68-6515
lse Only		Firm's Name JOSE L. NIVAR & CO.		ein 22-3527223
		(or yours if 30 300 REID 31REE!		ZIP Code 07201
		and Address ELIZABETH	L N I	120 0008 01201

FDIA1312 11/10/99

1 Filed 01/17/02 Entered 17/02 13:16:00 Desc from ECM (10535671) Page 44 of 69 State of New Jersey Income Tax — Resident Return Case 02-30603 Doc 1 NJ-1040/ HR-1040 Homestead Rebate Application 1999 For Privacy Act Notification, see instructions For tax year Jan - Dec 1999 or other tax year beginning _____, 1999, month ending This is Page 1 of Your 1999 NJ-1040/HR-1040. It Must be Filed in Order for Your Return to be Processed 04 088-72-7931 TEJA 153-04-6290 Name TEJADA CARLOS 2004 and 710 MURRAY ST Address ELIZABETH NJ 07202

	For Computerized Use	Only. Do Not Write in This Block.		
001 00 EXT 0 FS 3 006 1 007 0 008 0 009 0 010 0 011 0 12a 1 12b 0 13F 000000 13T 000000 GEF 0 DNM 0 22C 0 22I 0 PA 0		037 322 038 0 040 0 041 322 042 371 043 0 044 0 045 0 046 0 047 371 048 0 049 49 051 0 052 0 053 0 052 0 053 0 054 0 055 0 056 0 057 0 058 49	008 009 MS 010 012 13B 13L 13Q 14a 14b 14c 14d 015 16a 16b 017 18a 18b	23438 19735 1 43173 0 0 0 0 0 0 0 0 0

Filing Status	1 Single 2 Maried (Transconding)
Exemptions	6 Regular . Head of Household 5 T Qualifying
	Age do or over
,	8 Blind or disabled Dependents attending colleges
Under the penalties of	
schodules and stateme taxpayer, this declarati	perjury, I declare that I have examined this income tax rotum and Homestead Rebate Application, including accompanying Pay amount on its based on all information of which the preparer has rotum and complete. If prepared by a person other these pays amount on its 100 complete. If prepared by a person other these pays are the person of the state of the person of the person other these pays are the person of

Converted from ECM (10535671) Page 45 of 69

Page 2 and Page 3 Must be Enclosed With Page 1 of Your 1999 NJ-1040/HR-1040

Name	NJ-1040/HR-1040 (1999)	Social Security Number	
TEI/	ADA, CARLOS T	088-72-7931	
	tesidency 13 If you were a New Jersey resident for only part of the taxable year, give the period of New Jersey residency:	From Month Day Year	Month Day Year
	ibernatorial Do you wish to designate \$1 of your taxes for this fund?	s X No	
Elec	ctions Fund If joint return, does your spouse wish to designate \$1?		
14	Wages, salaries, tips, and other employee compensation (enclose W-2)		23,438.
15 a	Taxable interest income		
15h	Yax exempt interest income. Do not include on line 15a		
16	Dividends	<u>16</u>	
17	Net profits from business (enclose copy of federal Schedule C, Form 1040)		
18	Net gains or income from disposition of property (Schedule B, line 4)		
	Pensions, annuities a Taxable amount received		
	and IRA withdrawals b Less New Jersey pension exclusion 196	<u> </u>	
	c Subtract line 19b from line 19a		
20	Distributive share of partnership income (see instructions)	<u>20</u>	
21	Net oro rata share of S corporation income (see instructions)	<u> 21</u>	
22	Net gain or income from rents, royalties, patents and copyrights (Schedule C, line	3)	
23	Net gambling winnings		
24	Alimony and separate maintenance payments received	24	
25	Other (see instructions)		
26	Total income (add lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24 and 25)	<u>26</u>	23,438.
27	This line is not used on computer generated returns	27	
28	Other retirement income exclusion (see worksheet and instructions)		
29	New Jersey gross income (subtract line 28 from line 26). If \$10,000 or less, see in:	structions	23,438.
	Exemptions: From line 12a 1 x \$1,000 =	1,000.	
30 b			
30 c	Total exemption amount (add line 30a and line 30b). Part-year residents see instru	uctions	1,000.
31	Medical expenses/medical savings account contributions (see worksheet and instri	uctions)	
32	Alimony and separate maintenance payments		
33	Total exemptions and deductions (add lines 30c, 31 and 32)		1,000.
34	Taxable income (subtract line 33 from line 29). If zero or less, make no entry		<u>22,438.</u>
35	Property tax deduction (see instructions)		
36	New Jersey Taxable Income (subtract line 35 from line 34). If zero or less, Make N	o Entry	22,438.
37	Tax (from tax tables in the instructions)		322.
38	Credit for income taxes paid to other jurisdictions (see instructions)	, 38	<u> </u>
39	Balance of tax (subtract line 38 from line 37)	,	322.
40	Use tax due on out-of-state purchases (see instructions). If no use tax, enter zero	40	0.
41	Total tay (add line 39 and line 40)		322.
42	Total New Jersey income tax withheld (enclose Forms W-2 and 1099-R)	42	371.
43	Property tax credit (see instructions)	43	
44	New Jersey estimated tax payments/credit from 1998 tax return	44	
	Check Tiff Form NJ-2210 is enclosed.		
45	Excess New Jersey UI/HC/WD withheld (see instructions) (enclose Form NJ-2450)	45	
46	Excess New Jersey disability insurance withheld (see instructions) (enclose Form	NJ-2450)	
47	Total payments/credits (add lines 42 through 45)	47	371.
48	· · · · · · · · · · · · · · · · · · ·	48	
-10	If you owe tax, you may make a donation by entering an amount on lines 52, 53, and adding this to your check amount.	54, 55 and/or 56	
49		line 50, page 3	49.

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Page 2 and Page 3 Must be Enclosed With Page 1 of Your 1999 NJ-1040/HR-1040

Form NJ-1040/HR-1040 (1999)								Page 3
Name					5oc	nal Securit	y Number	
TEJADA, CARLOS T						8-72-	7931	
Note: An Entry on Lines 51, 52	2, 53, 54, 55 and/or :	6 Will	Reduce	a Your T	ax Refu	ınd.		
50 Amount of overpayment (from line 49, page 2)						50		49
Deductions from overpayment on line 50 which you clo	ct to credit to:							
51 Your 2000 tax						51		
52 The NJ Endangered Wildlife Fund	🗍 \$	5 F	\$10	Oth:	er .	52		
53 NJ Children's Trust Fund to Prevent Child Abuse	🗍 🕏	5 [\$10	Oth	er	53		
54 The NJ Vietnam Veterans' Memorial Fund	🗌 \$	5 [\$10	Oth	er	54		
55 NJ Breast Cancer Research Fund		5 🖺	\$10	Oth	er	55		
56 U.S.S. New Jersey Educational Museum Fund	🗌 \$	5	\$10	Oth	er	56		
57 Total deductions from overpayment (add lines 51 throu	igh 56)		- 			57		
58 Refund (amount to be sent to you, line 50 less line 57)	المنتان والمعربوروا					58		49.
Schedule 1 —	Property Tax D	educ	tion/C	redit				
Complete both columns of this schedule to find out whether	the property tax de	ductio	n or the	e propert	y tax c	redit is l	better for you.	
l Do not complete this schedule if you claim a credit for taxes	i paid to otner juris	исиот	з. Сотц	лете эт	жине	A		į
1 Property tax. Enter the property tax you paid in 1999. Renters enter 18	% of rent paid in 1999.	See insti	uctions .			1		
2 Property tax deduction, Enter line 1 or \$10,000, whiche						Ž _		
Also enter this amount on line 4 below. See instruction	ıs.					_		
		·- 	Colur	nn A		 	Column B	
3 Taxable income (copy from line 34 of your NJ-1040)	<u>.</u>					3	.ev	
4 Property tax deduction (copy from line 2 of this schedu						4	-0-	
5 Taxable income after property tax deduction (subtract line 4 from line	· 3) <u></u>	i				5		
6 Tax you would pay on line 5 amount (go to Tax Tables Rate Schedules and enter amount)	orlax	;				6		
7 Now, subtract line 6, column A, from line 6, column B								The second secon
Is this amount \$50 or more?								
No. You receive a greater tax benefit by taking the Make no entry on line 35 of Form NJ-1040 and	complete the balar	осе от	ne retu	ırn. See	instruc	tions.	40.	
1999 HR-1040 Homes	stead Property	Fax R	ebate	Applio	ation	!		
7 Were you (and/or your spouse) age 65 or over, blind o			r 31, 19	999?			Yes X] No
8 Enter the gross income you reported on line 29, Form			ns			. 8	23,4	438.
9 If your filing status is married, filing separate return ar								
same principal residence enter the gross income repo								
: Form NJ-1040) and check this box					XI	. 9	19.	735.
10 Total gross income (add line 8 and line 9)						. 10		173.
Stop - If Line 10 is More	Гhan \$100,000, You	are no	t Eligib	le for a l	Rebate			
11 Enter your New Jersey residence on Dec 31, 1999 if different than abo	ve, If you were not a res	dent on	Dec 31, 1	999 enter :	your last	New Jerse	y residence.	
Street Address	ĺ		Municij					
12 Check your residency status during 1999:	Homeowner	-	ь	Tenai	nt	c	Both	
13 If you checked 'Homeowners' or 'Both' on line 12, ente	er the block and lot	numbe	er of the	- resider	ice for	which th	ie rebate is clair	ned.
Block Lot] _ [Quali						
14a Did you live at more than one New Jersey residence d	uring the year?						Yes ["	"] No
b Did you share ownership of a principal residence durin						? [Yes	No
c Did any principal residence you owned during the year							Yes	No
d Did anyone, other than your spouse occupy and share rent with you fo							Yes	No
Home 15 Total 1999 property taxes you (and your spouse) paid on								
**Owner 16a Total property taxes paid (Schedule HR-A, P							1	
b Number of days as an owner (Schedule HR.						·—		
17 Enter total ront you (and your spouse) paid on your princ								
Tenant 18a Total rent paid (Schedule HR-A, Part II, line								
b Number of days as a tenant (Schedule HR-A								
I authorize the Division of Taxation to discuss my retu							, , . ,	

	02-30603-R Doc 1	Filed 01/17/02 m ECM (105356			:00 Des	C
Control number	OMB No. 1545-0008		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	age 47 of 05		
<u></u>			moensation	2 Federal income tax witht	neld	
timployer's identification numb		19056	[1649.2	ŧ	
<u> </u>	<u> </u>	3 Social security was		4 Social security tax with	eld - write or stap	de un Uns space.
Employer's name, address, ar		1	· .	1218.6	_ OMB No. 1	
E % T PESTAL		19655 5 Medicare wages a		6 Medicare tax withheld		Mibei
T/A MCDUMALL	Cres	1 % S 1 %		295.0	1-6290 ocial Securi	
a. Di diktish di		7 Social security tips		8 Allocated tips	ocial secur	ty Rumber
🏭 BUITABETIE	国第一种证券 的。				·	
a	<u> </u>	9 Advance EIC pays	ment "	10 Dependent care benefit	 Impol	rtant!
mployee's social security nu		2 / W / W / W / W / W / W / W / W / W /			•	onter your
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	11 Nongualified plans	·	12 Benefits included in Do		
mployee's name, address, a	filly XIE code				 ·	
·	A Company of the Comp	13 See Instrs. for Bo	x 13	14 Other	Checking	'Yes' will not
'T'	and the second)]/HC/NO 93.5	e your tal 한 lefund.	x or reduce
TEJADA IN			ì	98.2		
128 LUVIN			1	PP4 GNJ000078		
FLIZABETH	NJ 07206			<u> </u>		
		15 Statutory Decease	d Pension	Legal Deforred		
		employéé	plan	rep. compens		
	F1 No. 17 State wages, tips, etc. 18 Sta	tte income tax 19 Locality n	ame 20 Loca	I wages, tips, etc. 21 Local incom	—— ∙ a, cchild bi e tax	ut not your
State Employer's state I.I.	D. 140.					
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	132.41			· (<u>)s.)</u>	
J 223-050-769	7000 19655.00	43C+MA			— ched	of boxes :ked on nd 6b
W-2 Wage and Statement Sta	ec Notice to Employee on back of Copy B.)	This information is being fu are required to file a tax ref be imposed on you if this in	rnished to the turn, a negliga- toome is taxe	Freasury—Internat Hovenue 8 Internat Roveriue Service tence penalty or other sanctic ble and you fail to report it.	f you if No. 4 child for for tax	ived
VV - Z Statemen opy C For EMPLOYEE'S RECORDS (Se	QUIRA J TEJADA	This information is being full are required to file a tax reflection imposed on you if this to take the control of the control	rnished to the turn, a negliguome is taxe	Internal Revenue Service. I ence penalty or other sanctic ble and you fail to report it. Daughter	f you if No. child for for tax dit with	rho; ived you ild not with
WV - Z Statemen	1.	This information is being full are required to file a tax reflection imposed on you if this to take the control of the control	rnished to the turn, a negligo noome is taxe	Internal Revenue Service. I ence penalty or other sanctic ble and you fail to report it. Daughter	Fyou in Ne. child child for the lax with X Ilve	/ho; ived you ild not
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oy C For EMPLOYEE'S RECORDS (Se	QUIRA J TEJADA	This information is being full are required to file a tax reflection imposed on you if this to take the control of the control	rnished to the turn, a negliguome is taxe	Internal Revenue Service. I ence penalty or other sanctic ble and you fail to report it. Daughter	Fyou in No. child for tax with X live you dive enter	ho; ived you ild not with due to orce or aration endents ic not ered above
of more than seven dependents,	QUIRA J TEJADA GLORIA NAYELY TEJE	This information is being full are required to file a tax reflection in the imposed on you if this transfer are the imposed on you if this transfer are the imposed on you if this transfer are the imposed on you if this transfer are the imposed on you if this transfer are transf	rnished to the turn, a negligicome is taxe 16-98-45	Internal Revenue Service. ence penalty or other sanctic ble and you fail to report it. OP Daughter B86 Daughter	Fyou in No. The child for tax with X live you dive the content of	ived you Ild not with due to orce or aration endente ic not red above
oy C For EMPLOYEE'S RECORDS (Se	QUIRA J TEJADA	This information is being full are required to file a tax reflection in the imposed on you if this transfer are the imposed on you if this transfer are the imposed on you if this transfer are the imposed on you if this transfer are the imposed on you if this transfer are transf	rnished to the turn, a negligicome is taxe 16-98-45	Internal Revenue Service. ence penalty or other sanctic ble and you fail to report it. OP Daughter B86 Daughter	Fyou in No. The child for tax with X live you dive the content of	ived you Ild not with due to orce or aration endents crot cred above
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Income	QUIRA J TEJADA GLORIA NAYELY TEJE d Total number of exemptions	This information is being full are required to file a tax reflection in this from the imposed on you if this from the imposed on you if this from the imposed on you if this from the imposed on you if this from the imposed on you if this from the imposed on your file in the imposed	rnished to the turn, a negligicome is taxe	Internal Revenue Service. ence penalty or other sanctic ble and you fail to report it. OP Daughter B86 Daughter	Fyou in Ne. child for the hild with X live you dive on enter him in a child i	ived you
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Income Attach Copy B of your Form(s) W-Z Statemen If more than seven dependents, see instructions.	d Total number of exemptions 7 Wages, salaries, tips, etc. A 8a Taxable interest. Attach Sch b Tax-exempt interest. Do not	This information is being fur are required to file a tax refused to file a tax refused imposed on you if this limited in the form of the first section of th	rnished to the turn, a negliging of the state of the stat	Internal Revenue Service. Internal Provenue Service. Int	Fyou if No. child for with a with with X With X Ilve you dive and for enter in the child for the	ived you
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If more than seven dependents, see instructions. Income Attach Copy B of your Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W 2, see instructions. Enclose, but do not staple, any payment.	d Total number of exemptions 7 Wages, salaries, tips, etc. A 8a Taxable interest. Attach Sch b Tax-exempt interest. Do not 9 Ordinary dividends. Attach S 10a Total IRA distributions 11a Total pensions and annuities 12 Unemployment compensation Permanent Fund dividends 13a Social security benefits 14. Add lines 7 through 13b (far	This information is being fur are required to file a tax refused in posed on you if this fur a function of the	rnished to the turn, a negliging to the state of the stat	sinternal Rovenue Service. ence penalty or other sanctic ble and you fail to report it. 386 Daughter 386 Daughte	No. if No. child child for the	ived you did not with due to rece or aration endents ic not ered above 1 numbers ared on a above 19,73

BAA For Paperwork Reduction Act Notice, see instructions.

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Desc Converted from ECM (10535671) Page 48 of 69 153-04-6290 INGRID TEJADA Page **Z** 19,735 Form **1040A** (1999) 19 Enter the amount from line 18 Taxable income Blind You were 65 or aider .. Enter number of 20 a Check Blind boxes checked Spouse was 65 or older if: **b** If you are married filing separately and your spouse itemizes deductions, 20 b see instructions and check here Enter the standard deduction for your filing status. But see instructions if you checked any box on line 20a or 20b or if someone can claim you as a dependent. • Single - \$4,300 • Married filing jointly or Qualifying widow(er) — \$7,200 6,350. 13,385. 8<u>,25</u>0. Subtract line 23 from line 22. If line 23 is more than line 22, enter 0. This is your 5,135. taxable income 769._ Find the tax on the amount on line 24 (see instructions) Tax. Credit (or child and dependent care expenses. credits, Attach Schedule 2 and Credit for the elderly or the disabled. Attach Schedule 3 27 payments 27 769. 769. Add lines 26 through 30. These are your total credits 0. 32 Subtract line 31 from line 25. If line 31 is more than line 25, enter 0 Ο. 34 Add lines 32 and 33. This is your total tax Total federal income tax withheld from Forms W-2 1,650. and 1099 1999 estimated tax payments and amount applied from 1998 return 37 a Earned income credit. Attach Schedule EIC if you have a 2,286. qualifying child b Nontaxable earned income; and type 🟲 amount. 🟲 3,936. Add lines 35, 36, 37a and 38. These are your total payments 40 If line 39 is more trian line 34, subtract line 34 from line 39. This is the amount 3,936. 40 Refund you overpaid 3,936. 41 a Amount of line 40 you want refunded to you Have it directly c Type: [| Checking deposited! See **b** Routing number instructions and fill in 415, 41c, **d** Account and 41d. number ... Amount of line 40 you want applied to your 2000 estimated tax If line 34 is more than line 39, subtract line 39 from line 34. This is the amount you owe. For details on how to pay, see instructions Amount you owe Under penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and Under penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and Under penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and Under penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and Under penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and Under penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and Under penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and Under penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and Under penalties of perjury. Sign Daytime Telephone Number (optional) Your Occupation Here Date Your Signature LABORER Joint return? See instructions. Spouse's Occupation Spouse's Signature, If Joint Return, Both Must Sign. Date Кеер а сору Preparer's SSN or PTIN for your records. Check if |146-68-6515 04/01/2000 employed Preparer's Sign⊋ture Paid Preparer's JOSE L. NIVAR & CO. 22-3527223 Use Only EIN Firm's Name (or yours if self-employed) and Address 30 SOUTH REID STREET 07201 ZIP Code

ELIZABETH

. Case 02-30603-R Doc 1 Filed 01/17/02 Entered (17/02 13:16:00

	Converted from EC	M (1053567)	I) Page 49 of	69	
Schedule EIC (Form 1040A or 1040)	Earr	ned Income (fying Child Info	Credit	ļ	OMB No. 1545-0974
Department of the Treasury		nd attach to Form		1999	
Internal Revenue Service Name(s) Shown on Return	only if	you have a qualify	ing child.	10	43
INGRID TEJADA				***	Your Social Security Number
Before you begin:	See the instructions for Form 104				<u> 153-04-6290</u>
	See the instructions for Form 104 (1) you can take the EIC and (2)		ig cama.		
Caution: • It will take	the EIC oven though you are not elig s for dotails. us longer to process your return and ot enter the child's correct social sec ur EIC.	ISSUC your refund (l vou do not filt in all l	lines that anni. F	an maranta maranta da sa s
Qualifying Child Info	rmation	С	hild 7	<u></u> .	Child 2
I Child's name		First name	Last name	First name	
If you have more than two qualifying children, you only have to list two to get the maximum credit Child's year of birth		Year If born after 19	TEJADA 1995 380, şkip lines 3a	GLORIA NAYELY	TEJEDA Gear 1999 1980, skip lines 3a
3 If the child was born	before 1981 —	and 3b; go to	(inα 4.	and 3b; go	to line 4.
a studenty	nge 24 at the end of 1999 and	Yes. Go to line 4.	No. Continue	Yes. Go to line 4	[_] No. Continue
bWas the child perman during any part of 199	ently and totally disabled 9?	Yes. Continue	No. The child is not a qualifying child,	Yes.	No.
4 Child's social security	number (SSN)		quantying ama,	<u></u>	qualifying child.
child was born and die born and died in 1999 enter 'Diod' on this line	n SSN as defined in the 040 instructions unless the id in 1999. If your child was and did not have an SSN, e and attach a copy of the	146-	9 8-45 09	150	<u>)-06-1</u> 386
•	·				
(for example, son, dau child, etc)	ighter, grandchild, foster	Daus	<u>t</u> hter	D a	ughter_
6 Number of months chi States during 1999	ld lived with you in the United				ugiriter
If the child was born was the child's horn	h you for more than half of 1999 on or died in 1999 and your home lie for the entire time he or she ge, enter '12'	Dr. wat	12 months		<u>12</u> _months

Do not enter more than 12 months Do you want part of the EIC added to your take-home pay in 2000? To see if you qualify, get Form W-5 from your employer or by calling the IRS at 1-800-TAX-FORM (1-800-829-3676).

Do not enter more than 12 months.

BAA For Paperwork Reduction Act Notice, see Form 1040A or 1040 Instructions.

Schedule EIC (Form 1040A or 1040) 1999

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NJ-1040/ HR-7040



State of New Jersey Income Tax — Resident Return Homestead Rebate Application

For Privacy Act Notification, see instructions For tax year Jan - Dec 1999 or other tax year

beginning

, 1999, month ending

This is Page 1 of Your 1999 NJ-1040/HR-1040. It Must be Filed in Order for Your Return to be Processed

Name

153-04-6290

TEJA

and Address TEJADA INGRID

426 FULTON STREET APT 2

ELIZABETH

NJ 07206

For Computerized Use Only, Do Not Write in This Block, EXT 15a FS 15b MS 13B 19a 13L 19b 19c 14a 2 2 2 12a 14b 12b 14c 13F 14d **T** GEF 16a DNM 16b 22I 18a PA O 30c 18b

Filing Status	1 Single 2 Married, filing joint retu	rn 3 Married, filing	separate return 4	X Head of House	ehold 5 Qualifying Widow(er)
Exemptions	6 Regular		 Number of other 	r dependents	
	7 Age 65 or over		i Dependents att	ending colleges	s ,
	8 Blind or disabled				5, 7, 8 and 11)
	9 Number of qualified dependent child				and 10) 2
	If perjury, I declare that I have examined this income sents; and to the best of my knowledge and belief, it i tion is based on all information of which the preparer		ebate Application, included in the prepared by a person	1	Pay amount on line 48 in full. Write social security number on check or money order and make payable to: State of New Jersey — TGI
Your Signature	Date	Spouse's Signature (If filin	g jointly, both must sign	دا ۳	f you have an amount due, enclose your check and NJ-1040-V payment
_	Be Sure to File This Form as Page	l of Your 1999 NJ-1040	/HR-1040.		voucher and your return to: NJ Division of Taxabon Revenue
Paid Preparer's Sign:	ature	Fed	leral Identification Numb		*rocessing Center, P.O. Box 111, Frenton, N.I 08645-0111
		04/01/00 14	6-68-6515	lı lı	i Refund:
Firm's Name		Fed	eral Employer Identifica	1 redmuN noiti	U Division of Taxation, Revenue Processing Center, P.O. Box 555, Frenton, NJ 08647-0555
JOSE L. NI	VAR & CO.		-3527223		NJIA0101 12/07/99

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—	m NJ-1040/HR-1040 (1999)		Dage 1
Nai	1 0	Social Security Number	Page 2
TE	JADA, INGRID	153-04-6290	
	Residency 13 If you were a New Jersey resident for only part of the Fro		
	taxable year, give the period of New Jersey residency:	Month Day Year	Month Day Year
	Subernatorial Do you wish to designate \$1 of your taxes for this fund?	No	
		No No	
14	Wages, salaries, tips, and other employee compensation (enclose W-2)		19,735.
15	a Taxable interest income	15 a	···
	b Tax exempt interest income. Do not include on line 15a		
16	Dividends	16	_
17	Not profits from business (enclose copy of federal Schedule C, Form 1040)	17	
18 19	Net gains or income from disposition of property (Schedule B, line 4)		
19	Pensions, annuaties a Taxable amount received 19a		
	b Less New Jersey pension exclusion 19b	<u> </u>	
20	c Subtract line 196 from line 19a		
21	Distributive share of partnership income (see instructions)	20	
22	Net pro rata share of S corporation income (see instructions)	·	
23	Net gain or income from rents, royalties, patents and copyrights (Schedule C, line 3)		
24	Net gambling winnings	<u>23</u> . <u> </u>	
25	Alimony and separate maintenance payments received	· · · · · · <u>24</u>	
26	Other (see instructions)	<u>25</u>	
27	Total income (add lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24 and 25)	26	19,735.
28	This line is not used on computer generated returns.	· · · · · · · <u>27</u> .	
29	Other retirement income exclusion (see worksheet and instructions)	28	
	New Jersey gross income (subtract line 28 from line 26). If \$10,000 or less, see instructions Exemptions: From line 12a $1 \times $1,000 = 1,0$		19,735.
30 t		00.	
	Total exemption amount (add line 30a and line 30b). Part-year residents see instructions	00.	
31	Medical expenses/medical savings account contributions (see worksheet and instructions)		4,000.
32	Alimony and separate maintenance payments	31	
33	Total exemptions and deductions (add lines 30c, 31 and 32)	32	
34	Taxable income (subtract line 33 from line 29). If zero or less, make no entry	33	4,000.
35	Property tax deduction (see instructions)	34	15,735.
36	New Jersey Taxable Income (subtract line 35 from line 34). If zero or less, Make No Entry	35	
3 7	Tax (from tax tables in the instructions)		15,735.
38	Credit for income taxes paid to other jurisdictions (see instructions)	38	220.
39	Balance of tax (subtract line 38 from line 37)	39	
40	Use tax due on out-of-state purchases (see instructions). If no use tax, enter zero	40	220.
47	Total tax (add line 39 and line 40)	41	220.
	Total New Jersey income tax withheld (enclose Forms W-2 and 1099-R)	42	434.
43	Property fax credit (see instructions)	43	424.
44	New Jersey estimated tax payments/credit from 1998 tax return	44	
	Check if Form NJ-2210 is enclosed,	<u></u> ·	
45	Excess New Jersey Ut/HC/WD withhold (see instructions) (enclose Form NJ-2450)	45	
46	Excess New Jersey disability insurance withheld (see instructions) (enclose Form NJ-2450)	46	
47	Fotal payments/credits (add lines 42 through 46)	47	434.
48	f payments (line 47) are less than tax (line 41) enter amount of tax you owe	48	
	f you own tax, you may make a denation by entering an amount on lines 52, 53, 54, 55 and/or	56	
	and adding this to your check amount.		
+ ₽	f payments (tine 47) are more than tax (line 41) enter overpayment here and on line 50, page :	3 . 49	214.

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orm NJ-1040/HR-1040 (1999)				¬		Pag
EJADA, INGRID				Social Security		
Note: An Entry on Lines 51, 52, 53, 54, 55 and		MAGULES - 1	- V	153-04-	6 <u>290</u>	
50 Amount of overpayment (from line 49, page 2)	MIOL DB	AAIII LEGITO	e tour lax	Kelund.		· ·
Deductions from overpayment on line 50 which you elect to credit to:				/ 50	<u></u>	14 -
1 Your 2000 tax				51		
2 The NJ Endangered Wildlife Fund		[\$10	Other	52	·- ·-	
N.J Children's Trust Fund to Prevent Child Abuse	\$5	\$10	Other			
1 The NJ Vietnam Veterans' Memorial Fund	\$5	\$10	Other	· <u> </u>		
5 NJ Breast Cancer Research Fund	 \$5	\$10	Other	55		. +
6 U.S.S. New Jersey Educational Museum Fund	\$5	\$10	Other	56	<u></u>	<u>}</u>
7 Total deductions from overpayment (add lines 51 through 56)	 			57		
8 Refund (amount to be sent to you, line 50 less line 57)	<u>.</u> . <u></u>	<u> </u>		58		14
Schedule 1 — Property Ta	ax Ded	luction/C	radit			<u> </u>
omplete both columns of this schedule to find out whether the property ta o not complete this schedule if you claim a credit for taxes paid to other j	ax dedu	ction or the	property ta	x credit is bo	tter for you.	
Property tax. Enter the property tax you paid in 1999. Renters enter 18% of rent paid in 1	JUNISOICE LODO - C	ions. Comj	olete Schedi	ule A.	•	
7 Denominate term of making the first term of th						
Also enter this amount on line 4 below. See instructions.				2		
		C-1				
3 Taxable income (copy from line 34 of your NJ-1040)	$\vdash_3 \vdash$	Colun	nn A	_ 	Column B	
4 Property tax deduction (copy from line 2 of this schedule)	4			3 -	-0-	+
5 Taxable income after property tax deduction (subtract line 4 from line 3)	5			5		 ∤
Tax you would pay on line 5 amount (go to Tax Tables or Tax Rate Schedules and enter amount)				┵		
ryate ochequies and enter amount)	6	<u> </u>		6]
7. Money outletered transformed and a second control of						
Now, subtract line 6, column A, from line 6, column B and enter the reals this amount \$50 or more? Yes. You receive a greater tax benefit by taking the property tax de line 35 of Form NJ-1040. Make no entry on line 43 of Form NJ-1040. Now You receive a greater tax benefit by taking the property tax creating the property tax creating the property on line 35 of Form NJ-1040 and complete the base.	eduction -1040 ar	. Enter the	amount of the balance	line 4 of this	worksheet on m,	
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Converted f	rom ECM (105356
None 11. Closed Financial Accounts List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter B must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) Give NAME AND ADDRESS OF INSTITUTION, TYP6 AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE and AMOUNT AND ONTE OF NACE OR CLOSING.	BANCO POPULAR ACCT. NO.: 02001038125 ACC. NO.: 0200708001611
None 12. Safe Deposit Boxes List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filling under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) Give NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY, NAMES AND ADDRESS OF THOSE WITH ACCESS TO BOX OR DEPOSITORY, DESCRIPTION OF CONTENTS and DATE OF TRANSFER OR SURRENDER, IF ANY. None 13. Setoffs List all setoffs made by any creditor, including a bank, against a debt	
or deposit of the debtor within 90 days preceding the commence- ment of this case. (Married debtors filing under chapter 12 or chap- ter 13 must include information concerning either or both spouses	

GIVE NAME AND ADDRESS OR CREDITIES, DATE OF SETOPF and AMOUNT OF SETOPE AND ADDRESS OR CREDITIES, DATE OF SETOPF AND AMOUNT OF None 14. Property Held for Another Person

List ail property owned by another person that the debtor holds or controls.

Give NAME AND ADDRESS OF OWNER, DESCRIPTION AND VALUE OF PROPERTY, with LEXCATION OF PROPERTY.

None 15. Prior Address of Debtor

rated and a joint petition is not filed.)

If the debtor has moved within the two years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

Give ADDRESS, NAME USED and DATES OF OCCUPANCY.

Unsworn Declaration under Penalty of Perjury.

I declare under penalty of perjury that I have read the answer thereto and that they are true and correct.	rs contained in the foregoing statement of financial affairs and any attachments
Date	Signature of Debtor
Date	Signature of Joint Debtor (if any)
. <u> </u>	continuation wheels attached

Form 88 (6-90) Case 02-30603-R Converted from ECM (10535671)

Julius Blumberg, Inc. NYC 10013 Filed 01/17/02 Entered Doc 1

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17/02 13:16:00

UNITED STATES BANKRUPTCY COURT

DISTRICT OF

In re: CARLOS T. TEJADA AND INGRID R. TEJADA

Debtor(e)

Case No. Chapter

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- 1. I, the debtor, have filed a schedule of assets and ifabilities which includes consumer debts secured by property of the estate.
- 2. My intention with respect to the property of the estate which secures those consumer debte is as follows:
 - a. Property to Be Surrendered.

Description of property

Creditor's name

H,W or J

NONE

 Proporty to Be Retained (Specify Realf'd, Red'd or Exempt to state debtor's intention concerning realfirmation, redemption, or lien avoidence*.) 	Reaff'd Red'd	
Description of property	Creditor's name	Exempt
ACCT. NO.: 02001038125, BANCO POLULAR		EXEMPT
ACCT. NO.: 0200708001611, BANCO POPULAR		EXEMPT
MASDA MPD 2000		EXEMPT
CLOTHING		EXEMPT
Tax refund		Exempt

3. I understand that § 521 (2) (B) of the Bankruptcy Code requires that I perform the above stated intention within 45 days of the filling of this statement with the court, or within such additional time as the court, for cause, within such 45-day period fixes.

Date:

* Reaff'd - Debt will be reaffirmed pursuant to \$ 524(c)

- Property is claimed as exempt and will be redeemed

pursuant to § 722

Exempt - Lien will be avoided pursuant to \$ 522(f) and property will

be claimed as exempt

3073 -- 1991 JULIUS BLUMBERG, INC., NYC 10013

UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEW JERSEY

In re CARLOS T. TEJADA AND INGRID R. TEJADA

Debtor(s)

Case No.

(If Known)

≅ 1991 JULIUS BLUMSERG, INC., NYC 10013

(If this form is used by joint debiors wherever the word "debtor" or words referring to 1. The future earnings of the debtor are submitted to the supervision and control of the trustee the sum of \$ weekly bi-weekly semi-monthly monthly	e trustee and the debtor — debtor's employer shall pay to the
 From the payments so received, the trustee shall make disbursements as follows: (a) Full payment in deferred cash payments of all claims entitled to priority under 	11 U.S.C. §507.
(b) Holders of allowed secured claims shall retain the liens securing such claims ar	nd shall be paid as follows:
(c) Subsequent to — pro rata with dividends to secured creditors, dividends to un	secured creditors whose claims are duly allowed as follows:
3. The following executory contracts of the debtor are rejected:	
·	
Title to the debtor's property shall revest in the debtor on confirmation of a plan $U.S.C.$ §350.	— upon dismissal of the case after confirmation pursuant to 11
Dated: Debior	Debiar
Acceptances may be snalled to	Post Office Address

Case 02-30603-RG Entered 07717/02 13:16:00 Doc 1 Converted from ECM (10535671) Page 56 of 69 UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW LERSEY CARLOS TEJADA & INGRIDIEJADA Debtor(s) Case No. (If Known) STATEMENT Pursuant to Rule 2016(b) The undersigned, pursuant to Rule 2016(b) Bankruptcy Rules, states that: (1) The undersigned is the attorney for the debtor(s) in this case. (2) The compensation paid or agreed to be paid by the debtor(s) to the undersigned is: (a) for legal services rendered or to be rendered in contemplation of and in connection with this case (b) prior to filing this statement, debtor(s) have paid (c) the unpaid balance due and payable is 200.00 of the filing fee in this case has been paid. (4) The services rendered or to be rendered include the following: (a) analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code. (b) preparation and filing of the petition, schedules, statement of affairs and other documents required by the court. (c) representation of the debtor(s) at the meeting of creditors. (5) The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and NONE

(6) The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and

NONE

(7) The undersigned has received no transfer, assignment or pledge of property exceept the following for the value stated:

NONE

(8) The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:

PHILP E. DI GIOVANNI, ESQ., FOR SUPPORT SERVICES AND OFFICE USE

Dated: Respectfully submitted,

Attorney's name and address C/O PHILIP E. DI GIOVANNI, ESQ., 315 RAHWAY AVENUE, ELIZABETH, NEW JERSEY 07202

= 1991 JULIUS BLUMBERG, INC., NYC 10013

H 18828 9 Closing Date Card Number(s)	New Balance	Minimum Payment	Payment Date	Amount Enclosed
080601 5467 1050 0723 226	9 422445	59842	NOW DUE	\$
Make check payable to Wachovia. Check box at left and indicate new address and/or phone number on back.	•	YOU MAY AVOID ADDITION. BY PAYING THE NEW BALAI	AL FINANCE CHARGES NCE BY PAYMENT DAT	ON PURCHASES
llinimlaldlandaldaldlandan CARLOS TEJADA INRID R TEJADA 710 MURRAY ST	#Hindald			

54671050072322697 040422445005984237

	Card Number(s)		Credit Umit	Rate Option		yment Date
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074327001 074327001 074327001 74118161 074327001	1900007102 1900007200 2180002180 1907481870 2180002180 ** THIS NOTIC FORMERLY I ATLANTA, I TRANSFERRE LOCATED IN * WE HAVE RE ARE NECESS SHOULD BE DONE SO. * YOUR ACCOL	PAYMENTS, 00006 7 09 00008 7 09 061002 8 06 08043 7 09 62000 8 06	ADJUSTMENTS 7 06 7 06 8 06 7 06 FINANCE 8 06 VERLIN 8 06 LATE FE EX FORM YOU THATE FORM YOU THAT	CHARGE CREDIT FEE RECEIVED, THE E CREDIT CARD HE FIRST NAT: SERVICES HAVI FIRST USA BAI TION, DUR CI TION, DUR CI TO IF YOU HAVI CALL 1-888-84 E DUE. CHARG R CREDIT CARD MEDIATELY. 1 OFFICE AT 1-	HANK YOU ACCOUNTS IONAL BANK OF BEEN NK, N.A. WED PAYMENTS REDIT CARDS NOT ALREADY 7-7104. E PRIVILEGES	
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PURCHASES CASH ADVANG	CES	412475 100 	.062986% * .062986% *	22.99% 8053 22.99% 00		64 69 RATE 22

24 Hour Customer Service 1-800-241-7990

Case 02-30603-RG Doc 1 Filed 01/17/02 1,72,0,2<u>a,1,3</u>2,16:00 and escraid Retailers National Bank an Geneverted from ECM (10535671) Page 58 of 69 20.00 514.48 9-015-917-037-90 CHECK HERE to enter the win!win!win! sweepstakes ADDRESS UNTER YOUR E MAIL ADDRESS BELOW RETAILERS NATIONAL BANK P.O. BOX 59231 MINNEAPOLIS, MN 55459-0231 blandadalahalanlandadlanlalal AAST03 00199016 BILLING DATE August 3, 2001 CARLOS TITEJADA 710 MURRAY ST APT 1 ELIZABETH, NJ 07202-2206 Madadaldhandaldaldhadhaddhaldhald Page 1 of 1 3000200000514489001591703791

MAIL PAYMENT BY 08-29-01	YO ENSURE IT IS RECEIVED BY	9-015-917-037-90	\$800	AVAILABLE CREDIT
81LLING BATE 08-03-01		ACCOUNT NUMBER	CREDIT LINE	AVAILABLE CREDIT
ate Referen	00070		c Payment	Amount 20.00
ul 6 871 00 29	100370			

not become further past due. If you are unable to keep these payment arrangements, it is extremely important that you contact your CCCS office.

Target School Fundraising Donations Exceed \$41.8 Million

Thank you for participating in the Target School Fundraising Program Target donations for schools are *more than \$41.8 million* from Target Guest Card purchases. Each time you use your Target Guest Card, you are helping *Christopher Columbus School 15.*

					《整点》 的意思。
ACCOUNT	PREVIOUS BALANCE	CHARGE5	PAYMENTS/CHEDITS (CR)	FINANCE CHARGES	NEW BALANCE
90-TARGET	\$534.48	\$0.00	\$20.00	\$0.00	\$514.48
ACCOUNT	ANNUAL PERCENTAGE RATE	PERIODIC HAIL	COMPUTED ON THE	AMOUNT PAST OUE	MINIMUM DUE INCLUDES ANY PAST DUE
90-TARGET	21.0%	0.05753%	\$0.00		\$20.00

402297012003998700378486000156009100306

Mariadaldhambirdaldhathaallhadald

Please detach at perforation and return with your payment.

O CHASE	Continental Airlines	1
 -	1 444 60	

Continental Airlines Visa® card from Chase ACCOUNT NUMBER: 4022 9701 2003 9987

NEW BALANCE \$3,784.86

PAYMENT DUE DATE 09/02/01

STATEMENT CLOSING DATE 08/08/01

DAYS IN BILLING CYCLE 30

TOTAL CREDIT LINE \$4,000

TOTAL AVAILABLE CREDIT \$0

CASH ACCESS LINE \$4,000

AVAILABLE CASH \$0

ONEPASS° MILE	AGE SUMMARY
Miles Earned This Statement	Total Miles Earned Since 06/99
0	9,938

Here is your Account Summary:

,	TOTAL
Previous Balance	\$3766.24
(~) Payments, Credits	0,00
(+) Purchases, Cash, Del	oits 0.00
(+) FINANCE CHARGES	18.62
(=) New Balance	3784.86
Minimum Due	78.00
Past <u>Due - Pay Imme</u>	diately 78.00
Minimum Payment Du	

Your charges and credits at a glance:

TRAN. POST REI	DESCRIPTION OF TRANSACTIONS	CREDITS	CHARGES	
	No activity this billing period. Total of your credits and charges	0.00	0.00	i

IN PLACE OF THE PURCHASES GRACE PERIOD DESCRIBED UNDER "PURCHASES GRACE PERIOD" SECTION OF THIS STATEMENT, PAY THE NEW BALANCE (LESS ANY CASH ADVANCE BALANCE) IN FULL ON OR REFORE THE PAYMENT DUE DATE TO AVOID ADDITIONAL SERVING CHARGES ON PURCHASES.

Here's how we determined your Finance Charge*:

	DAILY PERIODIC RATE	AVERAGE DAILY BALANCE	PERIODIĆ / MIN. FINANCE CHARGE	TOTAL FINANCE CHARGE	NOMINAL ANNUAL PERCENTAGE RATE	ANNUAL PERCENTAGE RATE
Purchases	0.01644%	\$3670.28	\$18.10	\$18.10	6.00%	6.00%
Cash	0.01644%	\$104.94	\$0.52	\$0.52	6.00%	6.00%

Please see reverse side for balance computation method and other important information.



Questions about your account? Credit Card lost or stolen? Call a Chase Representative, toll-free, at **1-800-334-6350** or write PO Box 15919, Wilmington, DE 19850-5919. Para Servicio al Cliente en Español: **1-800-545-0464.**

S>01 J>3416 P>035134 A>003008 TXJ FXP PXR

+ -4 +

minimum payment due \$21.00

Hadadaddhaddaddhaddaalhaddhadd BO44633 INGRID TIGADA 710 MURRAY ST APT 1 ELIZABETH NJ 07202-2206 \$ Please make check payable to Discover

Please make check payable to Discover Cardi or pay online @ Discovercard.com.

Great Balance Transfer rates! Call 1-800-DISCOVER to see if an offer is available for you.

PO BOX 15251 Madhaaddadall WILMINGTON DE 19886-5251 Ladhladabhalladaladdaadhlaadhla

Address or telephone change? Please print change in the space above.

000006011001360605598011165700021000002100



Closing Date: July 27, 2001 page 1 of 1

Cashback Bonus® Award this period to date

Qualified Purchases \$0.00 \$125.01

Cashback Bonus award earned \$0.00 \$0.31

Cashback Bonus anniversary date: October 27

Discover Card Account Summary

account number 6011 0013 6060 5598
payment due date August 26, 2001
minimum payment due \$21.00
credit limit \$1,200,00
credit available \$0.00
cash credit limit \$600.00
cash credit available \$0.00

\$1,128.46 previous balanca 21.00 payments and credits 0.00 purchases: 4 0.00cash advances + 00,0 balance transfers 9.11 **FINANCE CHARGES** new balance = \$1,116.57

You may be able to avoid Periodic Finance Charges, see the reverse side for details.

Transactions

1167700

B044633 A7 E

trans. date

post date

Payments and Credits

Olut elut

PAYMENT - THANK YOU

-21.00

Updated Feature Makes Online Account Center More Convenient, We've made the Account Center at Discovercard.com even more convenient! Now you can view your statement summaries from the past 12 months - instead of only 6. And you still can view, sort and download that information into financial software. Visit Discovercard.com today.

	Average Daily Balances	Daily Periodic Pates	ANNUAL PERCENTAGE RATES	Periodic FINANCE CHARGES	Transaction Fee FINANCE CHARGES	Rate Plan
current billing period: 30 days						
Purchases	\$1119.58	0.02712%	9.90%	\$9.11	none	fixed
Cash Advances	\$0	0.02712%	9.90%	\$0	\$0	fixed

17/02 13:16:00 Case 02-30603-RG Doc 1 Filed 01/17/02 Entered Converted from ECM (10535671) Page 61 of 69



Associates Credit Card Services, Inc.

PO Вох 9014 Des Moines, IA 50368-9014

AUGUST 3, 2001

554-555-220-9

CARLOS T TEGADA APT 1 710 MURRAY ST ELIZABETH NJ 07202-2206 Madadalllandiddaldladlandlandlladald

\$58.95 Minimum Payment \$248.95 Full Payment

Dear Customer:

Your business is important to us; however, a portion of your balance is past due, and account privileges have been suspended.

If you are unable to submit payment, please call us at 1-800-554-4695 to make payment arrangements.

Thank you.

Consumer card owned by Associates National Bank (Delaware) Commercial card owned by Associates Capital Bank

Very truly yours,

Mululill

CXM: dgb

C. MULVIHILL CREDIT CARD COLLECTIONS

A01103-A

22-30603-R Doc 1 Filed 01/17/02 Entered 17/02 13:16:00 ACCOUNT STATEMENT DOC 1 FILED 17/02 13:16:00 Case 82-30608-Ric

> MadadabMaaddabbabMaadaaaMkalabt CARLOS T TEGADA 710 MURRAY ST APT 1 ELIZABETH NJ 07202-2206

hlafalladdadKuladdalldalldadla PAYMENT CENTER PO BOX 182149 COLUMBUS OH 43218-2149

11 50025 15775 3 Account Number: 08/02/01 Billing Cycle Closing Date 08/30/01 Minimum Payment Due Date \$59.25 Total Account Balance \$0.00 Minimum Payment Due

Amount Enclosed

Make checks payable to Sears National Bank and include your account number on the check.

☐ Address change? Check box. Print new address and telephone on the back of statement.

P1150025157753

2500 5925

SEARS CARD ACCOUNT NUMBER: 11 50025 15775 3

1 OF 1

		REGULAR TRANSACTIONS	
Trans	Post Date	Description	Charges/ Credits
Date 07-06	07-07	PAYMENT - THANK YOU	- \$25.00

		ACC	NUOC		MARY		
Total Credit Limit	Total Credit Available	Billing Cyc Closing Da		Days Billing P	in i	Ainmum Payment Due Date	Minimum Payment Due
\$0.00	\$0,00	08/02/01	01 31		08/30/01	\$0.00	
Previous Balance	Payments And Credits	Purchase And Debi		Othe Charg		Total FINANCE CHARGES	Total Account Balance
\$83,16	\$25.00	\$0.00		\$0.0	0	\$1.09	\$59.25
Purchase Type	Amount	Promo. End Date	PERC	NUAL ENTAGE ATE	Average Daily Balance	Periodic Rate (M) Monthly (D) Daily	FINANCE CHARG (M) Minimum (P) Periodio
Regular	\$ 59.25	N/A	2	1.00%	\$61.	12 0.0576% (D)	\$1.09 (P)

NOTICE: See reverse side for Important information.

For customer service or to report your card lost or stolen, call 1-800-917-7700, M-S 9AM-9PM, SUN 10AM-6PM.

Mail Billing Error Notices to PO BOX 818017 CLEVELAND OH 44181-8017



Case 02-30603-R Doc 1 Filed 01/17/02 Entered 17/02 13:16:00 Desc Sears Premier Card from ECM (10535671) Page 63 of ACCOUNT STATEMENT

> Madadaldhadaladaldhadlaadlaadladal INGRID R TEJADA 710 MURRAY ST APT STREE ELIZABETH NJ 07202-2206

Malalladdadiintadaallalladda PAYMENT CENTER PO BOX 182149 COLUMBUS OH 43218-2149

Billing Cycle Closing Date Minimum Payment Due Date Total Account Balance	07/24/01 08/21/01 \$1,011.62
Minimum Payment Due	\$7.58

Amount Enclosed

Make checks payable to Sears National Bank and include your account number on the check.

Address change? Check box. Print new address and telephone on the back of statement.

P1150006472098

707765 758 2500

SEARS PREMIER CARD ACCOUNT NUMBER: 11 50006 47209 8 1 OF 1 HOW DO YOU KEEP YOUR SEARS PREMIER CARD BENEFITS? EASY...JUST SPEND \$600 ANNUALLY ON YOUR

A NOSTALGIC WAY TO LISTEN TO THE MUSIC OF YESTERDAY AND TODAY. THIS UNIQUE ALL-IN-ONE TURNTABLE/CASSETTE PLAYER/CD PLAYER BRINGS OLD-TIME CHARM INTO THE NEW MILLENIUM. FILL YOUR HOME WITH BEAUTIFUL MUSIC AND MEMORIES. SEE INSIDE FOR DETAILS.

PLANNING A SUMMER VACATION? LET SEARSPHOTOS.COM DEVELOP YOUR FILM AND GET A SET OF 3.5X5 OR 4X6 PRINTS FOR \$3.99 A ROLL! GO TO WWW.SEARSPHOTOS.COM AND ORDER A MAILER TODAY, UPLOAD YOUR DIGITAL MEMORIES, THEN USE PROMO CODE JN6264 TO ORDER PRINTS ON-LINE FOR \$0.39 EACH.

		REGULAR TRANSACTIONS	
Trans Date	Post Date		Charges/
07-06 07-24	07-07 07-24	PAYMENT - THANK YOU CREDIT PROTECTION PLAN/1-800-366-2286	- \$25.00 \$7.58

		AC	COUNT 8	UMMAR	Y		
Total Credit Limit	Total Credit Available	Billing Cy Closing D	1	Days In Ing Period	MI	nimum Payment Due Date	Minimum Payment Du
\$1,260.00	\$248,38	07/24/0		30	\top	08/21/01	\$7.58
Previous Balance	Paymenta And Gredits	Purchase And Deb	; I	Other Charges	To	otal FINANCE CHARGES	Total Account
\$1,010.13	\$25.00	\$7.58		\$0.00	-	\$18.91	\$1,011.62
Purchase Type	Amount	Promo. End Date	ANNUAL PERCENTAC RATE	Avera GE Dali Baian	ÿ	Periodic Rate (M) Monthly (D) Dally	FINANCE CHAR((M) Minimum (P) Periodic
Regular	\$1,011.62 e side for important in	N/A	22.90%		33.45	0.0628% (D)	(F) Ferredic 418.91 (P

For customer service or to report your card lost or stolen, call 1-800-917-7700, M-S 9AM-9PM, SUN 10AM-6PM. Mail Billing Error Notices to PO BOX 818017 CLEVELAND OH 44181-8017



(Presylogy Remi		10535671)mini	Rage (17/02 13:16:00 D 64 of 69
	ACCOUNT NUMBER 4479-4127-2440-6153			MENT	AMOUNT ENCLOSED
	Indicate change of address on back	The state of the s	2001	\$50.00	\$
	Change of sagress on back		ISA		Make Checks Payable to Providian
			ЭД		
	lladdaddladdallada visa	Մահունոնունունուն			
	PO BOX 660786		Please be	sure	
	DALLAS TX 75268-0786		◀ (his addross in the win	appears	
	llinduddllundduddd Ingrid r Tejada Carlos T Tejada 710 Murray ST Elizabeth NJ 07202-		Page 1 of 1 P024118		
C-0-0	44794127244061				
Your acco	unt is Issued by Providian Nati	onal Bank, Tilton, Ni	· ₌ _ ¬ , H,	-	
MESSAGE	S FROM VISA	, ,			DETACH HERE
	May not include recent a We are pleased to suppo	s been rewarded for making Points earned this month: 10 Total Points: 9284 Idjustments such as redemp	otions or recent pure		
	•	ware implified the	toll-free 1-877-ID7+	IFFT	
	Hertz(R). Please s	ivings when you use your Pr Sports(A), Pearle Vision(A), 66 enclosed VISA REWARD:	Hagisson Hotels(R) S insert for details	, and	
	Pay your Providian bill onli	ne. It's quick, convenient, ar sit www.providian.com toda	nd so	quired!	
TRANSACTI	ONS				
Date	<u>Description</u>			-	
)6 -2 1	PAYLESSSHOESOUDDOZETED FO	T7495711 44 .			A
)6- <u>21</u>)7-16		L. 7			<u>Amount</u> 47.53
7-23	PAYMENT RECEIVED THANK MONTHLY FEE	You			56.89
	TOTOTICY FEE				50.00 PY
**	AVAILABLE ORTON				7.95
**	AVAILABLE CREDIT Your Total Available Credit is \$5	<u></u>			
. **	\$58.76 of your Available Credit is The portion of your credit line tha	an be accessed for Car	sh Advances.		
	The portion of your credit line tha	t can be used for Cas	h Advances is (imited to	\$1,710.00.
	FOR 2004				
	FOR BILLING ERRO	PS AND IMPAGE			

FOR BILLING ERRORS AND IMPORTANT INFORMATION, SEE REVERSE SIDE.

ACCOUNT SUMMAR	Ý T	STATEMENT		ONTANT NA	TORMATION, SEE REV	ERSE SIDE
Previous Balance	m2 - 4	STATEMENT DAT Number of Days in	Έ	Observation of the second	PAYMENT INFORMATIO	N
- Payments	.00		Purchase	Cash Advance	Account Number 4479 412	27 2440 6153
+ Purchases & other Charges	112.37	Daily Balance	\$1,568.91	\$.00	Credit Line **	\$1,710
+ Cash Advances + FINANCE CHARGE:	.00	ANNUAL			Available Credit ***	\$58.76
On Balances + Late Charge	29.25	PERCENTAGE RATE		21.49%*	Minimum Payment Due	\$50.00
= NEW BALANCE	.00 \$1,651.24	Daily Periodic Rate	.054767%*	.058877 %*	Payment Due Date	08/17/01
000305600 3985 3985	-					

CARLOS TEJADA 710 MURRAY ST

4118165007232269-0565-11

ELIZABETH NJ 07202-2206

Desc Page 65 of 69



KNOXVILLE, TN 37927 RETURN SERVICE REQUESTED AUGUST 10, 2001 PO BOX 27254

BALANCE DUE STATEMENT

WACHOVIA BANK

BALANCE DUE

ACCOUNT NUMBER

4118165007232269

USE ENCLOSED ENVELOPE AND SEND PAYMENT TO:

PO Box 15256

Wilmington DE 19886-5256

1-800-564-9164

PLEASE DETACH AND RETURN UPPER PORTION OF STATEMENT WITH PAYMENT.

Dear Carlos Tejada

referred to us for collection. Your account with the above mentioned client has been

By this time you must realize that you are seriously delinquent.

Your current balance is \$4,224.45. Please remit the past due portion of your balance in the amount \$440.42 promptly to avoid further collection credit of your payment to your account. activity. Please include this letter to assure proper

Please make your check payable to "WACHOVIA BANK CARD questions please call

NORTH AMERICAN NATIONAL BANK*

FNANB

P.O. BOX 42336 RICHMOND, VA 23242-2336

405355940027403400002C4170004023177

060801 Statement

PAYMENT DUE DATE NEW BALANCE MINIMUM PAYMENT DUE \$4,023.17 \$204,17 07/03/01

FIRST NORTH AMERICAN NATIONAL BANK P O BOX 17059 WILMINGTON, DE 19886-7059

MAKE CHECKS PAYABLE TO FNANB

PLEASE INDICATE ANY CHANGE TO ADDRESS OR TELEPHONE BELOW

CARLOS T TEGADA 710 MURRAY ST APT 1 ELIZABETH NJ 07202-2206

Street Address

Business Telephone Homa Telephone

Detach Here

AMOUNT ENCLOSED

St. Elizabeth Hos 07 Doc 1 Fed Id# 22-150060 Nerted from ECM (16535674) PA Page 67 of 6961436341 Correspondence Address

Patient Name Account # 17/02 13:16:00 Filed 01/17/02 Entered

Statement Date Desc

07/17/01

Admit Type

Discharge Date

Amount Due

CLINIC

150

03/31/01

204.00

Remit Payment To:

Forwarding Service Requested

TEJADA, CARLOS 426 FULTON ST ELIZABETH NJ 07206-1220

Madadaddhadhaalfabbabbbaabbbaabt

ST. ELIZABETH HOSPITAL P.O. BOX 27998 NEWARK NJ 07101-7998 MadadahMadadaHaHaHaabhIdaddadddd

🏬 your address has changed, check here and note changes on reverse side.

Date	Description	Amount
,	BALANCE AS OF 06/26/01	204.0
		·
	•	
	AMOU	NT DUE> 204

PAST DUE. PAYMENT HAS NOT BEEN RECEIVED ON THIS ACCOUNT TO AVOID FURTHER COLLECTION ACTIONS, PLEASE REMIT PAYMENT TODAY. IF YOU HAVE ANY QUESTIONS, PLEASE CALL (908)994-8954.THANK YOU.

Patient Name	Account #	Statement Date
TEJADA,QUIRA	61436341	07/1 7 /01
Admit Type	Phone #	Amount Due
CLINIC	908-994-8954	204.00

Patient Name
225 Williamson Doc 1 Filed 01/17/02 Entered 17/02 13:16:00 DeSC
Fed Id# 22-150060 Onverted from ECM Correspondence Address

Admit Type
Discharge Date
CLINIC 04/30/01 30.00

Remit Payment To:

913 4 Forwarding Service Requested
TEJADA, CARLOS
426 FULTON ST
ELIZABETH NJ 07206-1220

Madadaldhadhaallabdaddhaadddaabt

ST. ELIZABETH HOSPITAL P.O. BOX 27998 NEWARK NJ 07101-7998 Illadadabilladadabilladadabillad

your address has changed, check here and note changes on reverse side.

186

PLEASE RETURN PORTION ABOVE WITH YOUR REMITTANCE, SHOW RETURN ADDRESS ABOVE THROUGH MARROW.

Date	ON ABOVE WITH YOUR REMITTANCE. SHOW RETURN ADDRESS AF Description	Amount	
	BALANCE AS OF 07/05/01	30	0.00
		`	
		•	
	·		
	,		
	AMOU	NT DUE>	30.0

PAYMENT STILL HAS NOT BEEN RECEIVED FROM YOUR CARRIER, THEREFORE IT HAS BEEN ASSUMED THAT THIS CLAIM HAS BEEN DENIED. PLEASE REMIT YOUR PAYMEN TODAY AND SEEK REIMBURSEEMENT FROM YOUR CARRIER

Patient Name	Account #	Statement Date
TEJADA,QUIRA	61436341	07/26/01
Admit Type	Phone #	Amount Due
CLINIC	908-994-8954	30.00

WACHOVIA P.O. BOX 15515 WILMINGTON, DE 19886-5515

TARGET RETAILERS NATIONAL BANK P.O. BOX 59231 MINNEAPOLIS, MN 55459-0231

CHASE P.O. BOX 15583 WILMINGTON, DE 19886-1194

DISCOVER P.O. BOX 15251 WILMINGTON, DE 19886-5251

BP/AMOCO P.O. BOX 9014 DES MOINES, IA 50368-9014

SEARS CARD P.O. BOX 182149 COLUMBUS, OH 43218-2149

SEARS PREMIER CARD P.O. BOX 182149 COLUMBUS, OH 43218-2149

PROVIDIAN VISA P.O. BOX 660786 DALLAS, TX 75266-0786

GC SERVICES LIMITED PARTNERSHIPS COLLECTION AGENCY DIVISION 6330 GULFTON HOUSTON, TX 77081

FIRST NORTH AMERICAN NATIONAL BANK FNANB P.O. BOX 42336 RICHMOND, VA 23242-2336

ST. ELIZABETH HOSPITAL 225 WILLIAMSON STREET ELIZABETH, NEW JERSEY